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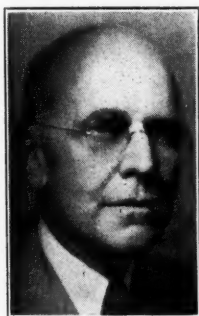
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THE DIABETIC PROBLEM AS INFLUENCED BY PROTAMINE INSULIN*

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Protamine Insulin Has Increased the Use of Insulin

Protamine insulin has probably increased the number of diabetics using insulin in the United States by 70,000. This has come about not so much because of what doctors have said concerning it, but because diabetic patients generally recognize the value of insulin, and the simplicity of taking it only once a day has encouraged many to use it who avoided it heretofore. How many diabetic persons there are in the United States using insulin, how many there are who should use it, and how many there are remaining to make up the total number of diabetic individuals in the country, I have no idea, but the fact that during the

brief period of one or two years the number of insulin users has increased so much demonstrates that the problem of the management of diabetes in this country is changing rapidly. And there is good reason for this change.

Explanation of Rising Incidence of Diabetes

The incidence of diabetes in the United States is rising. First of all, because of the more systematic search for diabetics and the closer medical supervision of our people generally. Second, it is increasing because so many now are living into the period above 40 years in which the onset of diabetes is twice as frequent as it is in the interval between birth and 40 years. Third, diabetics live so much longer than hitherto. I know that the average duration of life of my own patients has more than doubled since 1914 and I believe that at present those individuals whose diabetes begins in 1937, on the average, will survive their diabetes for twenty

years, thus nearly doubling the duration again, and this opinion is reached without any thought of new discoveries in the realm of diabetes during the next two decades and such a possibility is unreasonable to contemplate. Whether there is a fourth factor, which is tending to increase diabetes, dependent upon changes in human occupations with resulting less muscular work, I am somewhat skeptical. It is true, the muscles are the largest mass of tissue in the body, but the skin is a close second, and Urbach's work upon the carbohydrate content of the skin is worth thought. A fifth factor might be changing habits of diet, but certainly today none of us really know what diet predisposes to diabetes and Himsworth's idea that the onset of the disease is preceded by a diet high in fat rests upon just about as good a physiological basis as the formerly accepted, although now discredited, idea, that the disease is more frequent in those regions where carbohydrate forms the bulk of the diet. Most of us feel that the total

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quantity of food is far more important than the quality so far as the origin of diabetes is concerned. However, all recognize that a diet low in carbohydrate and high in fat is followed by hyperglycemia. Then, there is six, the influence of heredity. All too will acknowledge the importance of this factor in the general etiology of the disease, but whether it will be important in increasing the incidence in future generations, I am doubtful. If the influence of heredity was confined to those actually having the disease, one might say yes, because it is true that the number of children born with one parent known to be diabetic is increasing. Bouchardat never saw a pregnant diabetic woman and Naunyn, as late as 1906, records that he met with only one such case. In our own group, Priscilla White already has collected more than 300 instances. However, it takes two to make a diabetic and the number of children born in families with heredity recognized on both sides is certainly very small, and the number born with two parents actually diabetics is practically negligible. Furthermore, my experience with patients convinces me that they are very cautious about pregnancy and diligently inquire whether their offspring are liable to develop the disease. They are very slow to have children. For one child born today where the heredity is strong, I think that the number of possible births of children among those where the heredity is less marked is probably decreasing. Consequently, I am not worried about the question of heredity. Moreover, diabetics are not very fertile and even when pregnancy occurs, the outcome is successful in little over 60 per cent. I know that the relatives of those with the disease can pass it on and that it is conservative to state that approximately one-fourth of the population of our country have a diabetic relative, but I assure you that on the whole this group is conservative as to children.

Finally, I consider my diabetics are so much brighter anyway than other people that even if there were a few extra in the world, it would not be a cause of worry. I would have no hesitation whatsoever in matching them with certain groups of individuals who have disturbed our peace and security during this present year.

The sum of this whole matter of the incidence of diabetes is about this: that today there may be half a million diabetics in the

country and that the chances are that in 10 to 20 years from now the number will be a million. The number of individuals in the United States today who will develop diabetes before they die is about two and a half millions, but in my opinion this number will increase far less rapidly than the number of individuals actually with the disease, because it is influenced so much less by the etiological factors already discussed.

Diabetes in Massachusetts and Michigan

The population of Massachusetts was estimated to be 4,335,000 in 1934, and the number of diabetics has been estimated to be about 15,000. This figure is reached jointly by the State Board of Health based on their house to house canvas of sickness in different parts of the state, and also upon statistics from my own group of patients. The population of Michigan was estimated to be 5,093,000 in 1934. How many diabetics you have, I do not know. I understand the median age of the inhabitants of Massachusetts is 29.5 as compared with 27.2 years for Michigan but that does not greatly matter because people will live long and so this slight difference in median ages will count for little a few years hence. Thus, our problems are about the same.

Opportunities for Improvement in Treatment of Diabetes Are Very Great

Opportunity for improvement in the treatment of diabetes is possible and far more than is generally appreciated. Already, I have alluded to the increasing number of patients taking insulin, but this factor is really negligible compared with the advance in treatment which has followed a diffusion of knowledge of the disease itself among those who have it. It is a source of the greatest gratification to me to be able to demonstrate convincingly that the above statement is true and you, doctors, or rather those of you who have diabetes (and I suppose at the very least one in twenty-five of you has the disease) constitute my proof. Recently, you may have seen that the Metropolitan Life Insurance Company was kind enough to allow its Statistical Department, under the supervision of Dr. Louis I. Dublin and with the immediate assistance of Mr. Herbert H. Marks, to analyze the mortality rates for the diabetic doctors under my care, compared with that for my other patients with onset during similar periods. Be-

tween the ages of twenty-five and thirty-nine years, the mortality for all the patients was forty-five per 1,000, but for the doctors was only ten, and for the period between the ages of forty and fifty-nine years was forty-six per 1,000 for all the patients, but only eighteen for the doctors. Above this age, the difference in mortality was present but slight. In other words, if we could teach all our patients as much about their disease as a doctor knows, the younger ones of them would have less than one-fourth their present mortality and those in middle life, less than one-half the present mortality. You may say such a prospect is unlikely, but I assure you my patients realize the desirability of it and in their own ways I find act accordingly. Thus, I know all my intelligent diabetic girls, who do not marry a doctor, will pick out a bright, young doctor to teach them what he knows about diabetes. As far the boys, personal observation shows me that if they have not married a nurse, it is not because of lack of desire to do so on their part. Quite irrespective of these laudable endeavors, the logic of the situation is that the treatment of our diabetic patients can advance enormously provided we will only teach them how to live, and this is the basis upon which any campaign for the improvement of diabetic treatment in this country rests and the reason why it can be optimistic.

Medical versus Lay Organizations in Diabetic Campaigns

How shall a knowledge of diabetic treatment be imparted to the patient and spread throughout the community? I feel very strongly upon this matter and believe it should originate with the doctors themselves rather than with diabetic associations in the hands of the laity. The temptation is strong to form lay associations for the treatment of diabetes, because of the success of similar associations for tuberculosis. The two diseases, however, are absolutely different. Tuberculosis is relatively of short duration, communicable and originates with increasing degree as poverty is approached. Diabetes, on the other hand, lasts for life, is not contagious and its incidence has always been recognized to increase in those groups exposed to luxurious living. Thus, the question of financing a campaign for diabetics is entirely different from that of tuberculosis, for, although diabetes is found in the underprivileged, there are so many who have it

among the well-to-do that they are better able to care for others with it. Indeed, it is good business for a rich diabetic to take care of a poor diabetic or many poor diabetics, because the increased knowledge his own doctor will obtain by treating many diabetics will redound to his own advantage.

Diabetes is an individualistic disease. It requires prolonged and personal supervision by the same doctor. Far greater success is obtained by continuous treatment in a doctor's office than by treatment in a clinic where the care of the patient changes every few months. This is driven home to me constantly. Diabetes is a disease for the family doctor to treat for life. It is for him with his knowledge of home conditions not only to look out for the individual patient but the responsibility of the family doctor extends to the whole family and to all the relatives of the diabetic. Therefore, above all things, I favor any method which will enable the family doctor to treat diabetic patients well.

Providing Laboratory and Nursing Facilities for General Practitioners

Hospital doctors have privileges which are not available for family doctors. It is time that these same privileges were made accessible to physicians in their own offices. Thus, the cost of laboratory tests should be made as reasonable for physicians in their general practice as for physicians who are on hospital staffs. Furthermore, teaching diabetic nurses should be just as available for physicians who have patients to treat in their homes as for physicians in hospitals. Ambulatory patients could go to diabetic classes at a hospital, but in many instances it is better that instruction be carried out at the doctor's office, or in the patient's home, just as often in a hospital it is sometimes indicated at the bedside rather than in the diabetic class room.

To make these services of laboratory and teaching available involves little expense. A few hundred dollars would suffice to supplement existing facilities and bring them up to standard. Eventually, they should be self supporting. I do not mean that the initial grant should come wholly from wealthy people. We have found that of our diabetic children going to camp, and this present summer we had 216 in diabetic camps, that there was a willingness of some 50 per cent of these children to contribute in whole or in part the minimum rates for their diabetic

care. As for this matter of expenses, I can cite one or two concrete examples. Originally it cost us about \$1,500 annually to maintain our Podiatry Clinic, but no longer am I called upon to raise any funds whatsoever for this purpose. Similarly, when we started our Dental Diabetic Clinic, the expenses were fully as great, but today these are wholly cared for by the clinic itself and each patient, rich or poor, gets a free examination of the teeth. And how advantageous such a clinic is! This developed only this month, when a former patient, wandering into the hospital for the extraction of a tooth, was actually diagnosed by the dentist as a probable case of diabetic coma, admitted to the hospital and discharged, relieved, the next day. She did have diabetic coma, CO_2 , 14 volumes per cent. Prompt recognition saved my charity funds one hundred dollars.

It is true that our teaching of diabetics in the hospital costs a considerable sum. For one nurse, the expense is shared by the Nurses' Training School because more than a half of the nurse's time is devoted to education of the nurses. For a second nurse I must secure a complete salary and for our Wandering Diabetic Nurse who travels around New England this likewise still holds, because although she receives fees from patients these really cover no more than her expenses but do not amount to enough to offset the salary. I am rather sorry for this because in general a good thing is self-supporting.

Recently, by an oversight in my office, a patient went without a blood sugar test having been done. Of course, I told the patient to go to his local hospital, secure the test and I would pay for it and I later paid a \$5 bill for this single blood sugar test.

This patient came from the middle of the state, in a moderate-sized community where I doubt if the doctors receive more than \$2 or \$3 for a visit. A charge of \$5 for a blood sugar test means that diabetic patients in this community will not secure the advantages of blood sugar tests because the patients cannot afford to pay the doctor for a visit and approximately twice as much for a blood sugar. Headway in the treatment of diabetes only can come about when private family doctors can secure laboratory work at reasonable rates.

What is the cost of a blood sugar test? A technician can do between twenty and thirty

tests for sugar in the blood in one day. It requires but little more time to do five or ten tests than to set up arrangements for one test. Approximately one-half the cost of a blood sugar test in the hospital is expended on recording and reporting the results of the tests in the different wards about the hospital building. It surely costs the same for a technician to hunt up the patient in a hospital ward and take the blood for the test as it does actually to perform the test in the laboratory. Consequently, to reduce hospital expenses we ask the patients, whenever possible, to go to the laboratory. We arrange to have the blood sugar tests read in groups two or three times a day rather than every hour and plan in various ways to reduce the costs of reports. In my opinion, a hospital can make money charging between 50 and 75 cents for a blood sugar test and a reasonable charge to make for a blood sugar test when the blood is delivered to the laboratory by a family doctor is \$1.00. So long as a community tolerates a \$5 charge for a laboratory test, in my opinion, patients in that community will be treated about one-fifth as well as they could be treated. Already, I have alluded to the fact that doctors show a diabetic mortality of less than one-quarter, and in middle life less than one-half, that of the ordinary patients. I suspect that if I analyzed the data of the wives of doctors and the children of doctors, and the parents of doctors, just as the analysis was made on the 300 diabetic doctors I care for, it would be found that they also showed a favorable mortality, and one of the contributing factors is that these individuals get free tests.

Increase the Output of Laboratory Tests and Diabetic Education and Lessen Costs

In Michigan, with efficiency carried to the highest degree in the world, arrangements certainly can be made by which the cost of laboratory tests can be reduced to a minimum. The whole point is to do these wholesale and, furthermore, so cheaply that many, many more tests will be performed than formerly and treatment of diabetes immeasurably improved. Furthermore, it is perfectly obvious that so soon as costs drop the number of tests will go up.

Whether the above suggestions for improvement in the treatment of diabetes in Massachusetts are applicable at all to Michigan, I do not pretend to know, but I do

urge upon physicians in Michigan, just as I do upon Massachusetts physicians, to take the initiative in some such arrangement rather than to expend their energies forming lay-diabetic organizations to bring this about. Diabetic patients want to live just as long as diabetic doctors and if the diabetic doctors don't give them a chance, then they will make a chance for themselves. Today, diabetes is a disease for the family doctor and it will be a disease for the family doctor in years to come even more and more. It is for him to show that he appreciates this fact, and, furthermore, to convince his diabetic patients that he realizes it by providing the means for their better care throughout their entire life.

The Wandering Diabetic Nurse

May I expand upon the topic of the wandering diabetic nurse. Wandering diabetic nurses can give instruction to patients with very light expense in their own home. Thus, one diabetic nurse can surely make 600 visits a year coming in contact with 200 patients. In many instances, more than one patient can be taught at a time in a doctor's office or in a patient's home. I feel quite strongly that this means fifteen diabetic nurses scattered throughout Massachusetts in diabetic units and made available to doctors in their community could influence the treatment of diabetes very materially and would uphold it as much as we should attempt to do during the next few years.

The problem of diabetic treatment is changing so rapidly that no plan should be laid out for more than a temporary period. Furthermore, it should not be hard and fast because experiments of methods should be undertaken very freely.

In Massachusetts I would like to see these fifteen Wandering Diabetic Nurses in fifteen diabetic units or islands of safety scattered throughout the state. This would be a simple undertaking. First of all, it might necessitate a slight re-organization of laboratories. Each of these units would be in a position not only to do a greater volume of work but of a higher character and at less expense. The laboratory should be available for emergencies Sundays, nights and holidays, as well as on week-days. For adequate treatment of diabetic coma it is absolutely essential that laboratory facilities are available and securable within the space of minutes rather than hours. No practi-

ing physician would wish to send his patient to a hospital for treatment by another doctor or to carry out his own treatment unless he could command such immediate technical assistance.

Just as laboratory facilities in strategic points throughout Massachusetts should be available to practicing physicians, so too, teaching facilities for patients and skilled diabetic nurses should be at hand. The number of diabetics is not large in any one of these strategic points and, consequently, one nurse who has received detailed treatment in the management of diabetes and has had a wide experience in seeing diabetics for a few months of training at one hospital or another, would be a great help; not only could she teach all the other nurses about diabetes in the regular teaching course, but she would be at hand for help in the immediate care of diabetic cases in the hospitals during emergencies such as coma, hypoglycemia and gangrene, but likewise her time would allow her as a rule to respond to calls by a physician in the immediate vicinity of the hospital. Such a nurse would give instruction in doctor's offices, and in the patient's homes. Perhaps she could organize a weekly teaching hour, available for diabetics and their relatives at the hospital, irrespective as to whether the patients were hospital patients or sent there by private physicians for this purpose.

The expense of providing better laboratory facilities and of making available better instructions for diabetic patients, is comparatively slight. I would not ask for more than \$6,000 this next year to bring it about in 15 centres in Massachusetts. I firmly believe that for every dollar given for such a purpose the local communities and the hospitals would surely match it with profit to themselves with another dollar.

Protamine Insulin

Protamine insulin acts for twenty-four hours and more. Recently my associate, Dr. Mable, found that even at the end of forty-eight hours protamine insulin interfered with certain tests he was carrying out. Naturally if its action persists for so long a period, confusion will result if multiple doses are given during the day and practically all agree that protamine insulin should not be administered oftener than once in twenty-four hours.

If the action of protamine insulin is

spread out over twenty-four or forty-eight hours the actual effect of a single dose of twenty-four units must be slight in a single hour. Protamine insulin acts slowly whereas with regular insulin one obtains a reaction peak within an hour and a gradual disappearance of effect in six to eight hours. With protamine insulin the peak of effect certainly does not begin for several hours, perhaps three or four after it is injected, and even then slowly wears away until two days have elapsed. Regular insulin administered half an hour before a meal will take care of the carbohydrate of that meal, but protamine insulin will do no such thing. Protamine insulin will lower the blood sugar slowly and steadily for a prolonged period, but if the peak of the blood sugar is raised much after a meal it cannot wholly be reduced by the slowly acting protamine insulin.

On the other hand, protamine insulin when injected in the body acts steadily and all the time, and though it lowers the blood sugar slowly it keeps on doing so between meals and if too long an interval between meals occurs then it will lower the blood sugar so much as to reach a hypoglycemic level. If protamine insulin is administered before breakfast it does not have time to do this during the forenoon but it may do so in the late afternoon, several hours after the evening meal, or during the night, waking the patient with symptoms of a reaction.

Country doctors in Massachusetts do good work. Often they send us diabetic comas early and over and over again consult us by telephone before reaching decisions as to emergency treatment. Let me tell you of an example. One of the most influential citizens of a community 15 miles from Boston, 80 years old, was found unconscious in his bath room. I had not seen him since June when he was in good condition, taking 24 units of protamine insulin. We were asked to see him in consultation but as he was in excellent condition the night before Dr. Root advised the doctor to give him adrenalin, intravenous glucose and then send him in by ambulance in case he did not recover. The doctor was so young and so alert that he followed these rules exactly and within one-half an hour after the adrenalin and 25 c.c. of 50 per cent glucose the patient was all right. The reason why this reliable individual had the reaction was that during the summer he had improved and felt perfectly well and probably could

have reduced his insulin. Second, he went out to dinner the night before and was so meticulous that he ate distinctly less carbohydrate, although he did take a spoonful of baked beans and a good deal of cole slaw. Probably he did not digest these very well. At any rate the following morning his bowels moved freely, he took his insulin, a cold bath, his daily dozen of exercise and shaved and then had his reaction. Obviously, in the first place, he needed a little less insulin. In the second place he should take, on awakening, 5 or 10 grams of carbohydrate before getting out of bed and, in the third place, he should not take his protamine insulin at so long a period before breakfast.

Years ago the better utilization of carbohydrate was demonstrated both experimentally with animals and clinically with patients provided it was administered in small quantities at very frequent intervals. The same result follows the gradual administration of insulin. The more frequently insulin is given, the less is required to produce the same result, because of adjustments to temporary requirements. Holm showed this beautifully with depancreatized dogs. With a constant intravenous injection of insulin Bertram calculates from Holm's experiments that a normal adult, weight 60 kilograms, requires 7.8 units per day when fasting and 48 units when living upon a diet the caloric value of which is derived exclusively from carbohydrate. Thus, we have a good reason with our use of protamine insulin, which acts for twenty-four and even forty-eight hours, to increase the number of meals. Fortunately, the diabetic patient does not need to eat all the time, but except with the mild group of cases taking protamine insulin, it is wise that the breakfast be given early, the evening meal late and that in the forenoon, afternoon, and upon retiring a small carbohydrate lunch be administered. Sometimes this carbohydrate lunch will not serve the purpose to prevent a reaction and this occurs when it is given upon retiring, is quickly absorbed and an interval of ten hours, more or less, intervenes before breakfast. Under these circumstances one can combine with the carbohydrate a little protein or even fat, and instead of giving orange juice, 100 grams, or milk, 100 or more grams, one might give a Uneda biscuit with cheese or even 30 grams of nuts with the

thought that the carbohydrate derived from these less quickly absorbable carbohydrate foods or from protein would become available some hours after administration.

Protamine insulin acts wonderfully well. I know that, because I must have nearly 2,000 patients taking it. It is true that occasionally it does not appear to work, but as a rule one can find a reason therefor, just as usually in diabetes when anything goes awry if one seeks diligently for a cause one can find it. One of the commonest errors is to expect results from protamine insulin within the first few days of administration. We have gradually learned that we cannot expect a patient to become regulated with his diet and protamine insulin unless he is under observation for a week. None of you would wish to get a patient, freshly diagnosed, sugar-free in a day or two, if he comes to you without ever having been treated for diabetes. Such a patient has twenty years or more ahead of him and one needs not hurry. It is safer to proceed slowly. So too with protamine insulin one must allow time for it to act and actually more time is demanded to change a patient who has been living on regular insulin to protamine insulin than is necessary to start a fresh patient on protamine insulin. If one gets hasty and pushes up the dose of protamine insulin rapidly, a day or two later a reaction may occur. And if you decide to supplement protamine insulin by a few small doses of regular insulin several times later in the day, there is a good chance that in one or two mornings the patient will wake up with a reaction because the blood sugar will have dropped too much during the night. Give protamine insulin time to act. It is a dray horse and not a race horse.

Two-Period Tests for Glycemia

A patient, particularly one who has been accustomed to the use of regular insulin, wakes up in the mornings and finds his urine shows an orange or a yellow test and he thinks his dose of protamine insulin has been too small and promptly raises it and what happens? It is quite possible that even before he has time to take his breakfast he will develop a reaction, because the yellow or orange test with Benedict's solution represented sugar secreted hours earlier during the night. If he had only taken the precaution to have secured a second specimen of

urine one-half hour after the night urine had thoroughly been evacuated he might have found it sugar-free and the need for an increased dose of insulin would have vanished.

Two-period tests are extremely useful in treatment and particularly useful to the general practitioner who does not have a laboratory which can report within half an hour upon the sugar in the blood. Repeatedly instances occur in which patients enter the hospital with sugar in the urine and hypoglycemia. Only a few days ago a man was dumped from an ambulance, sent from another hospital to us, without a word relating to him in any way, shape or manner. He was unconscious and supposedly in coma. Fortunately, every one held their hands and secured the blood sugar test and found that although he had evidently been suffering from hypoglycemia, accentuated by a dose of 45 units of insulin shortly before he was sent to us, the blood sugar was at an extraordinarily low level, and his hypoglycemic status was obvious. And, in fact, after 100 grams of glucose the blood sugar did not even come up to normal, save temporarily, and whether the accompanying cerebral hemorrhage anticipated or resulted from the hypoglycemia, I doubt if any one can ever tell. When a patient, therefore, is unconscious and there is doubt as to whether it is coma or hypoglycemia, secure 2 specimens of urine at short intervals even if it is necessary to secure them with a catheter. Although I give this rule I will add that I suspect there is not one case in 20 of an insulin reaction which one cannot recognize as such and proceed immediately with treatment without even waiting for any specimen of urine. In the hospital, however, we make it a point to secure a blood sugar sample before giving glucose for an insulin reaction.

A two-period test should invariably be employed for patients after intravenous glucose. Of course, glycosuria will be present in the first specimen. Prescribe insulin only upon the result of the second test.

A frequent cause for upset in treatment of a patient taking protamine insulin is their omission of a little carbohydrate between meals and upon retiring. They cannot seem to realize that protamine insulin when put under the skin is put in the body and stays there and continues to act.

Exercise

Exercise is wonderful for a diabetic patient. You know that exercise will lower the blood sugar of a normal patient and will lower it to an extreme degree, provided the exercise is extreme. This is familiar to any football trainer and he provides for giving carbohydrate during the intermission of the game. So too, with a diabetic individual, he must take carbohydrate during intervals. Exercise will likewise lower the carbohydrate of a mild diabetic just as is the case in a healthy individual but the older doctors here will confirm me in the clinical statement that before insulin was discovered severe exercise would precipitate a diabetic coma. Today we understand that exercise makes a severe diabetic worse, but if we only give insulin to that severe diabetic before his exercise then he reacts to exercise just as a mild diabetic or a normal individual. Often diabetic patients taking protamine insulin forget this. They do not realize that with the protamine insulin in their bodies they are changed over almost to normal individuals and that they are utilizing their carbohydrate so very thoroughly and so very rapidly as the result of exercise, that as a consequence, if the exercise is unusual and they have not provided for it, they will develop hypoglycemia and a characteristic insulin reaction. Patients brought up on regular insulin would allow for the extra exercise they planned to take in the forenoon or afternoon by lowering their morning or noon dose of regular insulin, but that method is useless for a patient with protamine insulin, because the protamine insulin acts for a prolonged period and reducing a dose of protamine insulin in the morning may not show an effect until the next day. What the patient with protamine insulin must do if he is to undergo unusual exercise is to take extra carbohydrate, just as does the football player. Protamine insulin has transformed him so much more nearly into a normal individual than did the regular insulin that he must recognize that fact and adjust for it as would a normal individual.

This transfer of the diabetic individual to almost a normal status as the result of protamine insulin is accompanied by a lower average level of the blood sugar, and it is conceivable that a diabetic should not be returned 100 per cent to a normal status. Already I have alluded to the desirability of the gradual inauguration of diabetic treat-

ment for the freshly diagnosed patient. I think this holds still more for the diabetic patient of long duration who has been treated by diet or insulin for a decade or more but only partially controlled. Change this patient who has lived for some years with an elevated blood sugar over to a normal plane of blood sugar to which he has not been accustomed, and it is quite possible that he may not react favorably to it. This thought has come up in connection with perhaps 10 of my trusted and tried patients whom I have transferred to protamine insulin. They have felt a little let-down. I know their diabetes is now well controlled but perhaps they are living on a level of blood sugar so different from that to which they have been accustomed during the last 5 or 10 years that they are not adjusted to it, and perhaps either they should not be brought down to this status or it should have been accomplished during an interval of years instead of weeks or months.

If your patient with protamine insulin is not controlled with 10 units before breakfast, one can raise it to 20, in a few days to 30, and still later to 40, and if we could only have protamine insulin of U-80 strength one would not hesitate still more frequently to go up to 60 or 70 units before breakfast. The urine can be saved during this trial period in 4 portions, morning, afternoon, evening and night, and according to the tests, carbohydrate shifted from one meal to another so that it will be better utilized. It does not pay to change the dosage rapidly, and certainly after reaching a reasonable dose of protamine insulin, one should adhere to the same for several days, three, four, or even a week. By the end of that time one can have the patient submit a schedule of urine tests and run down in the morning column, the afternoon column, the evening column and the night column and pick out the red tests. Where they are most frequent, adjust the carbohydrate to get rid of them. Next one can adjust for the orange test, the yellow test and finally the green test, so that eventually one can match the urine against the diet and the protamine insulin. One of my patients who had difficulty with protamine insulin when she tried to regulate the dosage by frequent urine and blood tests, finally clarified her condition in the following way. It was perfectly evident to me from studies over a six-week interval that the dosage of insulin on seven of her

bad days was practically the same as upon seven of her good days. Therefore, it was obvious that something else entered into the picture than the insulin. I told her to keep on with her insulin in the standard dose, which seemed to work well and then to be governed by her symptoms and adjust her carbohydrate throughout the day according to those. Her doctor recently wrote me that this plan was working and that she had done far better and was getting on very well by this method and hence I recommend it to you.

Protamine Insulin Supplemented by Regular Insulin

Protamine insulin must be supplemented by regular insulin in many instances; with 80 per cent of our younger patients this is the rule and it applies to some of the older patients with diabetes of long standing. This whole subject has been recently discussed by me in the *Journal of the American Medical Association** and to that article which is available to you all I would refer. If 30 units of protamine insulin are necessary, about a third or 10 units of regular insulin may be required, but there are some patients who take nearly as much regular as protamine insulin simultaneously before breakfast and they work this out largely for themselves. If regular insulin is used with protamine insulin before breakfast, patients must be doubly warned about the danger of a reaction. They must be taught to have their breakfast soon after the regular insulin, because when under the influence of protamine insulin their blood sugar is fairly low on rising and the effect of an added dose of quickly acting regular insulin might take it to a hypoglycemia level very rapidly. Similarly, these patients are the ones who are most apt to have reactions in the late forenoon or afternoon and, therefore, the greatest pains must be used to instruct them to have carbohydrate in advance of the supposed reaction. I don't want my patients to have reactions.

In changing a patient from regular insulin to protamine insulin I warn you not to accede to any arrangement which does not give you supervision of that patient twice daily at least for a week. If the patient lives next door you may be willing to carry out a transfer without entrance to a hospital, but even then you are liable to get into trouble. You do yourself harm by attempting to put

a patient, whose expectations for treatment are high, on protamine insulin, when he has been doing fairly well with regular insulin. No one is more enthusiastic than I about the advantages of protamine insulin, but I am sure you will give me the credit for having been cautious in anything I have ever published about the ease of transfer of the well established patient. It is very easy for a doctor to lose his reputation if he tries to make such a transfer unless the patient understands the whole procedure at the start and is absolutely coöperative. Patients talk, and if one case does not appear to do well, it will ripple the water over the whole Back Bay, even though the Back Bay is filled in and has houses upon it. With any patient when you embark upon protamine insulin be sure they understand that the transfer to it may require for final success a period of a month or even more.

Reactions Undermine Confidence and Injure Reputations

Reactions are bad; they are not very dangerous so far as the possibility of immediate death is concerned but they have far-reaching effects. In the first place they impair the confidence of the patient in himself and in his doctor, and besides hurt his reputation with his employer. Consequently, reactions must be prevented. It is too bad that we must say so much about reactions to our patients, but it is only a square deal to tell them the truth about them and how to avoid them. Any diabetic must carry with him carbohydrate in some form so as to avoid a reaction. He must realize that if he has a reaction and unless he gets over it without difficulties the knowledge of that reaction injures the standing of all other diabetics in his community, and if a group of reactions happen to occur closely together, a community might take action regulating the daily lives of diabetics. Diabetics simply must not have reactions leading to unconsciousness. They must take precautions so that such reactions will never develop at a time which will involve public recognition with possible injury to themselves or particularly to others. Therefore, invariably before undertaking prolonged exercise or occupations which involve judgment and physical skill they should take carbohydrate in advance, especially if these occupations are carried on at two or more hours after a regular meal. I know plenty

*Jour. Am. Med. Assn., 109:497, 1937.

of diabetic boys who play football and practically never have a reaction, because they are bright enough and their trainers are bright enough to protect them. The same method must be used by all diabetics.

Reactions may work deleteriously upon the brain but as yet we don't know what happens. I am much interested in the new observations upon the electrical activity of the brain and am hoping that the work done in the neurological unit at the Boston City Hospital will give us an idea what changes go on when the blood sugar drops or when it has risen. With one of our patients I understand the changes in the tracings of the electrical currents in the brain were very marked when the blood sugar was artificially lowered and when it was raised. This work will bear close watching. It is very fortunate for diabetics and for us general practitioners, too, that the neurologists have taken up the treatment of schizophrenia with insulin. They will study reactions from new points of view and out of what they learn undoubtedly diabetics will profit. You will not find many doctors who have large numbers of diabetic patients, however, who want to treat schizophrenia with insulin. We see enough reactions as it is. Protect your patients, therefore, against reactions. At the Clara Barton Summer Camp, reactions have become less and less in number and in severity as we have learned how to treat the patient. We know that they are largely avoidable when patients can be under close observation. It is not so easy when they are running wild at home.

The Control of Diabetes

The control of diabetes is not perfect. If you have any doubt about that, read my article just mentioned in the *Journal of the American Medical Association*. Control, however, is far better than might appear, and even of my own patients I think rather better than the doctor would admit who wrote me a four-page letter the other day and said now he saw how much better his treatment of diabetes was than mine. One principle I learned from Dr. Maurice Richardson, that wonderful surgeon of Boston, years ago. He taught me to report unsuccessful results. I have adhered to this. I never have a patient die that I do not report that diabetic death. It does not matter where the patient dies, in North or South America or even farther away, I follow that

case up. In this way I have learned facts about my patients. It is true that many of my cases I see but once and many I do not see as often as once in five years but if I ever see a patient I follow that patient to death and you cannot tell how grateful I am for the help of the Metropolitan Life Insurance Company in analyzing the causes of death submitted to them by case numbers on our cards. In this way I have watched a decrease of deaths of diabetic coma from 61 per cent to 6 per cent. It is true that we have many cases of diabetic coma in the hospital at the George F. Baker Clinic, perhaps 60 a year, but a good share of these we have never seen before and yet they count as our cases. We are thankful to have them. On the other hand, we are thankful that only 6 per cent of all the patients seen, but once or more, no matter where they die, succumb to coma, and I cannot tell you how grateful I am that not one of my diabetic doctors has allowed himself to die of diabetic coma since 1925. Diabetic patients that I see are not all under good control, but this summer with our 216 diabetic children in camps we did have opportunities to notice the control of the children and those at the Clara Barton Camp, which is the most highly organized of them all and to which 5 groups of 30 children each went, represent a standard for the others. I beg every one of you, especially the younger you are, to tabulate your diabetic cases. Balance your books! Note the age at onset, note how long these patients live, and how many die of coma, and from each case, especially those doing badly, extract all that will help with the next patient.

And now let me say a few words about several topics in diabetes which to me are of importance. First of all, I will speak about the skin and pass over the influence of the thyroid, the adrenals, liver, the pancreas and muscles in diabetes, referring finally to the pituitary.

The Carbohydrate in the Skin

In Shields Warren's monograph on the Pathology of Diabetes you will find a picture showing the glycogen in the skin stained with carmine. It is striking in that it shows that the normal skin harbors much glycogen. In the diabetic skin alongside there are only points of carmine-stained-glycogen because the diabetic has little or no glycogen in the skin and the sugar is not demonstrable by a

stain. On the other hand, if you will give a diabetic insulin, then you can make his skin harbor so much glycogen that if the medical examiner endeavors to determine whether the body was a diabetic or a non-diabetic from the glycogen in the skin he could not tell the difference. Glycogen in the skin is an important factor in carbohydrate storage.

Skin makes up a good deal of the body and more than I ever thought. Actually it amounts to 16 per cent of the body weight. Next to the muscles it weighs more than any other tissue of the body and it weighs 3 times as much as the liver. For years I have taught my patients to take care of their skin because I know that the skin of the untreated diabetic is vulnerable.

What I wish now to call to your attention is the work of Urbach† in Vienna, who has been investigating the carbohydrate in the skin of patients. He has devised a method by which he can remove portions of the skin for examination for carbohydrate without cosmetic injury. Some time ago I sent for the apparatus and any day it may arrive, and we will carry out investigations here, but I thought you would just like to learn of some of his ideas. He recalls this fact: that dermatologists have noted that if non-diabetic patients with infection were placed upon a diabetic diet or given insulin that sometimes their lesions were affected favorably. He has studied the quantity of carbohydrate in the skin. As a rule, the skin sugar is six-tenths that of the blood sugar, but the bound carbohydrate in the skin, and by this he means the total carbohydrate obtained by hydrolizing portions of the skin, is 15 times that of the blood. He finds that upon occasions, patients will show high values for skin sugar when their blood sugar is normal. He hesitates to call this "skin diabetes" because no case has been observed with a high skin sugar who later has turned over into a diabetic. The sugar in the skin of normals or of diabetics reacts to insulin just as does the blood sugar, only less rapidly.

Urbach's work suggests even now that it pays for us to keep our diabetics' sugar well controlled and even if the urine may not contain sugar one might advantageously utilize insulin when the blood sugar is elevated in older and symptomless diabetics. I would hardly think of giving insulin unless the fasting blood sugar was 0.20 or 200 milli-

grams per cent but on account of Urbach's work I might give it more freely to such diabetics who have lesions such as infections which generally are thought to be influenced by the blood sugar.

There is another aspect of Urbach's work. I think his, just as Dr. Folin's method for examination of the blood, may open up new opportunities for treatment of disease which he never even thought of. Thus, Folin's method for determination of non-protein nitrogen has been of incalculable value in the estimation of the necessity for prostatic operations. Urbach's simple apparatus may possibly prove to be of far-reaching significance. At least I trust so. If it should prove what I would hope, it would reveal new stores of carbohydrate in the body and might have far-reaching effects upon conclusions relating to the formation of glycogen out of protein and fat and necessitate a real reopening of that complicated question.

The Pituitary Causation of Diabetes

Like Naunyn, I believe in the unity of diabetes and that around the pancreas the disease centers although it is influenced by the skin, the muscles, the liver and all the endocrine glands. And so, when I recently learned that true diabetes could be produced in dogs without direct interference with the pancreas, I thought you would be interested in it, too, and may I lead up to the actual story of this experimental procedure by a few historical considerations.

Obesity is the one outstanding precursor of diabetes. Only 1 per cent of my patients with onset of diabetes between fifty-one and sixty years was thin prior to the onset of the disease and I have had only one thin Jewish adult male diabetic patient and one Jewish adult female diabetic patient who was thin. But, in studying my diabetic patients it was noticeable that obesity was of little and of almost steadily diminishing importance in those below the age of forty years, and it was not until with Priscilla White and her studies upon our diabetic children that it developed that these younger patients, particularly the children with onset under fifteen years of age, were tall when their disease began. Tallness had been overlooked, because the height and weight of diabetic children at onset of the disease had not been recorded and, as you know in the old days prior to insulin following the onset of diabetes, children ceased to grow or grew very slowly. Dr. White demonstrated that

†Urbach, Defrisch and Sicher: *Klin. Woch.*, 16:452, 1937.

among our children for whom we had accurate measurements at onset they were on the average 2 inches and even more above standard height for their age. It was easy for me to point out years ago to a wondering group of young doctors at a hospital that the diabetic baby lying in the crib, if measured, would be above height. Conversely, dwarfism is common if diabetic children are neglected. Obesity in the old is not as a rule a precursor of diabetes in the young. A third factor is well known to you, namely, that in puberty there is an increase in the incidence of diabetes, that at the menopause there is an increase in the incidence of diabetes and that during catamenia the diabetes becomes more severe and even occasionally we see cases of coma at such times and that during pregnancy latent diabetes may come to the fore. Put these observations together—obesity, tallness, sex. Finally, you know I am always proud of my diabetics and although I cannot demonstrate the precociousness of their brains as clearly as of their bones, precocity is a feature of the diabetic child. These features—obesity, tallness, sexual relations and precocity, all suggest the pituitary gland.

Harvey Cushing found diabetes in 12 per cent of his acromegalic patients and glycosuria in some 25 per cent. Houssay, with his depancreatized toads, found that if he removed the pituitary gland, the diabetes persisted but was mild in character, and he furthermore proved that if he injected pituitary extract to these depancreatized and hypophysectomized toads, the diabetes became worse. Not only did Houssay do this with toads but he did it with dogs, too. Dr. Long, formerly of the Cox Metabolic Institute in Philadelphia but now Professor of Physiology at Yale, and Dr. Lukens have confirmed this work. They have also shown that this diabetic action of the pituitary extract is exerted upon the pancreas through the cortex of the adrenal glands. Various investigators have obtained temporary glycosuria following injections of pituitary extracts. Dr. Evans showed, in 1930, that if pituitary extract is injected into dogs glycosuria follows and after repeated in-

jections, albuminuria and glycosuria persisted even for some months. It was left, however, for Dr. F. G. Young, formerly associated with Dr. Best in Toronto, to demonstrate in the National Research laboratories at Hampstead, London, at the head of which is Sir Henry Dale, that an anterior pituitary extract injected daily for a considerable period of time (in one case, twenty-six days) would produce permanent diabetes in a dog.* Dog No. 28 lived with his diabetes for eight months after the cessation of injections. The diabetes was not so severe as the depancreatized animals Dr. Young used to see in Dr. Best's laboratory, but it was diabetes in every sense of the word. The diabetes did not require insulin but was amenable to insulin, yet when insulin was omitted in the case of dog No. 28, diabetic coma ensued and he died. That dog's pancreas weighed 52 grams and the dog only weighed 10 kilograms. The weight of a human pancreas is about 100 grams. As yet the examination of the pancreas has not been completed. Another dog developed diabetes, and this dog reported in the publication of the paper on August 14 in *The Lancet*, had shown his diabetes for two months following the cessation of the multiple injections of pituitary extract. A third dog developed transitory diabetes.

The results of this experiment of Dr. Young who has produced diabetes without removal of the pancreas cannot be foreseen. Obviously, they will be revolutionary. If one can produce diabetes by an extract of the anterior pituitary gland and diabetes can be made milder by the removal of the gland, is it not possible that something can be found which will control this pituitary hormone? If there is a diabetogenic pituitary hormone, why not a contra-diabetogenic hormone? As you know, various attempts have been made along these lines but as yet they have been fruitless. However, it pays, today, for a diabetic to keep alive, because the chances are that the treatment of his disease will be metamorphosed within the next few years.

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MIGRAINE: A DISORDER OF THE SYMPATHETIC NERVOUS SYSTEM

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Migraine is a functional disorder of the sympathetic nervous system, the outstanding symptoms of which are periodic attacks of severe headache frequently confined to one side of the head and attended with visual, sensory and other symptoms.

The most important and most active factor in causing migraine is heredity. The hereditary influence usually acts by direct transmission of the disorder from ancestors to the patient. In no other disease of the nervous system is the hereditary influence so directly handed down. If one inquires carefully into the family history of the patient suffering with migraine he will almost always find that the father or mother or some relative in the family has at some time suffered with migraine. The hereditary factor is more active if it appears in the immediate ancestors of the patient, that is, in the father or mother or both, but when not found in either father or mother or grandparents, it sometimes appears in collateral members of the family such as uncles or aunts or cousins. In some instances the hereditary influence is not directly transmitted as migraine but may be transformed in its passage from one member of the family to another, and so while in the ancestors or relatives there is a history of migraine, the patient may give evidence of hysteria, epilepsy or a psychoneurosis or psychosis. On the other hand hay fever, asthma, angioneurotic edema, Raynaud's disease and other disorders of the sympathetic nervous system may sometimes be found in the ancestors or relatives of the patient suffering with migraine. These disorders sometimes occur also in the patient suffering from migraine. A tendency to so-called rheumatic or gouty diathesis may also be found in the ancestors or in some relative of the patient. Heredity produces the fundamental disorder which is the essential condition in causing the disease.

The individual suffering with migraine has inherited a sympathetic nervous system which is unstable, irritable and easily thrown out of balance.

In addition to this as a fundamental and essential condition, there are quite a number of other things that may be regarded as exciting causes. Among these may be mentioned the following:

(1) The relation of age to attacks of migraine. The first attacks usually occur

at an early age. In at least one-third of the cases the disease first appears between the ages of five and ten years. In other cases it may begin at puberty or adolescence or in early adult life. It is stated on good authority that less than ten per cent of the cases begin after the age of twenty years. It occurs twice as often in females as males. In women who are subject to migraine the attack often occurs during the menstrual period and usually disappears during pregnancy. When fully developed, the disease usually continues for many years. In most women it disappears or greatly lessens in severity at the menopause, and the same is true in men at about the age of fifty-five or sixty years.

(2) Among the exciting causes may also be mentioned depressive emotions such as those associated with worry, anxiety, fear and anger, fatigue, exhaustion, loss of sleep, eye-strain, errors of refraction, excessive use of the eyes, using the eyes in a bright light. Infectious diseases such as influenza, tonsillitis, pneumonia and other acute infections may also act as exciting causes. An illness of any kind that reduces the general health is apt to act as an exciting cause. I have recently seen quite a number of cases follow an attack of heat prostration during the hot summer. A sudden extreme change in temperature may also act as an exciting cause in some cases.

(3) Sensitization to certain foods and certain toxins, a condition which is usually described under the head of anaphylaxis, has recently been emphasized as a very important factor in exciting attacks of migraine. Some years ago the writer tested a large group of patients suffering with migraine for anaphylactic reactions.

In some of these cases there seemed to be some relation between the sensitization of the patient to certain foods and the occurrence of migraine attacks, but in others, no such relation was found. More than this, it is a well known fact that many individuals who give an anaphylactic reaction to certain foods do not have migraine, and on the other hand many cases having migraine give no anaphylactic reaction to different foods. In the writer's opinion, whatever relation there may be between anaphylaxis and migraine must be that the food or chemical substances producing the anaphylaxis acts on the sympathetic nervous system as an irritant or stimulant and this results in a change in the circulation of the blood in the meninges and cortex of the brain and thus causes the headache.

(4) The idea has also been presented that the headache is caused by increased alkalinity of the blood, and to overcome this the so-called ketogenic diet has been recommended. This is a question that I think is not definitely settled as yet. There does seem to be some relation in certain cases between the alkalinity of the blood and the attacks of migraine, but in other cases no such relation can be demonstrated.

It may be difficult to determine just what effect any particular food or influence may have in developing or relieving the attack of migraine, because the headache is intermittent and in most cases lasts only a short time no matter what may be the cause or the remedy. Sometimes a remedy is given credit for relieving an attack when perhaps the headache would have disappeared in a short time had no remedy been used. In order to determine the efficiency of any particular remedy in the treatment of migraine it must cause a cessation of the headache over a relatively long time, that is over a period of time in which the patient usually has repeated attacks of headache. If the remedy relieves the headache during this period it would be evidence that the remedy was efficient.

(5) Finally, it should be emphasized that according to the best knowledge we have at the present time, the immediate cause of the severe headache and other associated symptoms is a spasm or contraction of the arteries in the meninges and cortical centers of the large brain. The immediate cause of the pain is due to the contraction and spasm of the meningeal

arteries which pinch the sensory nerves in the walls of the meningeal arteries. The spasm of the arteries supplying blood to the different cortical centers, thereby reducing or cutting off their blood supply, is undoubtedly responsible for many of the other symptoms associated with the headache, such as temporary blindness, homonymous hemianopsia, aphasia, temporary loss of sensation and temporary motor paralysis of certain parts of the body. The attacks of severe vertigo which frequently accompany an attack of headache are undoubtedly due to a spasm of the arteries and a change in the circulation in the labyrinth and vestibular apparatus and connecting nerve pathways of the internal ear.

Symptoms

The symptoms presented by a patient suffering with migraine may be considered under two heads: First, the symptoms of the attack; and second, the symptoms in the intervals between the attacks.

The symptoms during the attack are the most important and most distressing. These may be described and occur usually in the following order: The patient usually has a prodromal period in which he feels depressed, weak, cold and apathetic. The prodromal period is sometimes attended by a ravenous appetite, which is probably due to an excessive secretion of hydrochloric acid in the stomach. Following this prodromal period, which is relatively short, there are usually sensory symptoms including particularly a disturbance of vision, such as dark spots before the eyes, blind spots, so-called scotomata, frequent bright flashes of light, zig zag figures of light and blindness in certain areas, and also sometimes a temporary blindness or homonymous hemianopsia as was illustrated by cases which the writer recently saw, and also other disturbances of vision. Following these symptoms the headache usually appears, sometimes rather suddenly but more often gradually. It is usually located, in the beginning at least, in definite parts of the head such as the frontal, supra orbital, orbital, temporal or occipital region, and is very often confined to one side frequently beginning in the temporal region. The character of the headache is described by the patient as throbbing, beating, pulsating, tearing, piercing and exasperating. It continues for a few hours or for two or three days and may terminate by

nausea and vomiting. The nausea and vomiting are often followed by a period of sleep and after this recovery.

The above represents briefly the different stages through which the patient passes in an attack. In addition to the above, however, he is emotionally depressed, is easily disturbed by light and noises. He usually prefers to be alone in a dark quiet room, feels weak and chilly and usually suffers intensely with the headache, sometimes passes a large amount of urine or has looseness of the bowels. The attack is also often attended by severe vertigo which is evidently the result of a disturbed circulation in the labyrinth and vestibular apparatus of the internal ear. During the attack, the patient usually has a pale face sometimes alternating with flushing. Pupils are frequently dilated, the eyeballs frequently become prominent and the pulse may be rapid. The blood pressure often rises. I have seen the blood pressure rise fifty points. The extremities are usually cold and often the hands and feet sweat profusely. As above noted, the temporary attacks of blindness, homonymous hemianopsia, aphasia, sensory anesthesia and motor paralysis are undoubtedly due to a spasm and contraction of the arteries in different cortical centers which interfere with the function of these centers.

It is of interest also to note that sometimes the attack of headache may be entirely absent and in its place the patient may have an attack of epilepsy or of some mental disturbance.

In the interval between the attacks of headache the patients usually enjoy fair health, but as a rule they complain of feeling tired, lack endurance and are easily disturbed by any unpleasant nervous or emotional excitement. Their capacity for mental or physical work is usually reduced and they have a group of symptoms that are usually described under the head of vagotonia, such as increased gastric acidity, spastic colon, constipation with increased secretion of mucus, sometimes a slow pulse, low blood pressure, low blood sugar, low metabolism. All of these vagotonic symptoms are a fundamental condition in nearly all cases of migraine. All patients do not have all of these symptoms, but most cases have two or more and in some cases all of these symptoms are present. This condition may be changed or modified by some intercurrent disease coming in and changing the

original vagotonic picture. For instance, we sometimes see cases with arteriosclerosis and high blood pressure where formerly the blood pressure was low, or some other disease like anemia or pernicious anemia may change the fundamental vagotonic symptoms.

People who have migraine are apt to have other disturbances of the sympathetic nervous system. It is well known that about eight per cent of patients suffering with migraine also have attacks of idiopathic epilepsy. I have a patient under my care, now, who has a long history of migraine and who has attacks of idiopathic epilepsy and also attacks of Raynaud's disease. All of these are the result of a vasomotor spasm in different parts of the body due to an irritable sympathetic nervous system.

Pathology

The knowledge we have at the present time indicates that migraine is an expression of a disorder of the sympathetic nervous system. In order to understand this, it may be proper to refer briefly to some fundamental facts concerning the anatomy and physiology of the sympathetic nervous system.

In the present paper, the writer is using the term sympathetic nervous system in its broadest anatomical sense and not in the more restricted sense that some physiologists have applied the term recently, which has led to more or less confusion. The sympathetic nervous system as we are using it in its anatomical sense is an aggregation of ganglia, nerves and nerve plexuses by which the viscera, glands, heart and blood vessels and smooth muscles in other situations receive their innervation.

The ganglia of the sympathetic nervous system are arranged in three groups, namely—

1. The ganglia of the sympathetic trunk.
2. The collateral or prevertebral ganglia.
3. The terminal ganglia.

The sympathetic nervous system is connected with the brain and spinal cord by afferent and efferent nerve pathways. The cell bodies of the afferent nerves are located in the cerebrospinal ganglia and the nerve fibers extend from these nerve cells outward and pass through a sympathetic ganglia to their termination in a visceral membrane, gland or smooth muscle without making any nerve connection with the sympathetic gang-

lia. There is only one neuron in this visceral afferent pathway that connects the sympathetic nervous system with the brain or spinal cord. The efferent visceral pathway

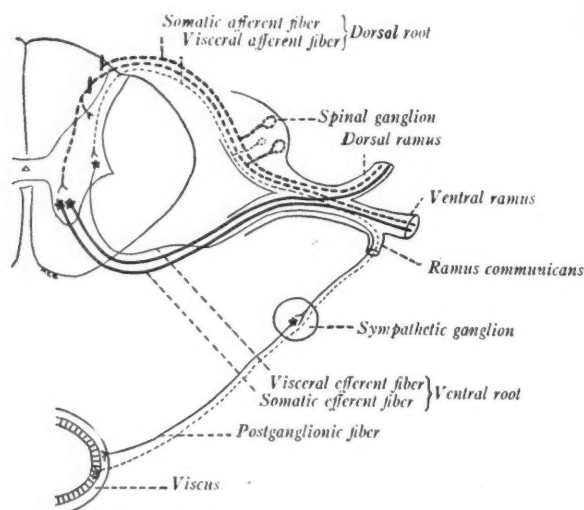


Fig. 1. Diagrammatic section through a spinal nerve and the spinal cord in the thoracic region to illustrate the chief functional types of peripheral nerve-fibres. (After Ranson).

is made up of two neurons. The cell body of one is located in the cerebrospinal axis and the other in a sympathetic ganglia.

The nerve fiber which passes from the cerebrospinal visceral nucleus is spoken of as the preganglionic nerve fiber, while the fiber passing from the sympathetic ganglia to a gland or muscle is the postganglionic fiber. This arrangement is illustrated in Figure 1 which shows the afferent and efferent visceral nerve pathways and their connection with the spinal cord.

There are three streams of preganglionic autonomic fibers that leave the cerebrospinal axis, namely—

1. The cranial stream which includes the general visceral efferent fibers of the oculomotor, facial, glossopharyngeal, vagus and accessory nerves. All of these end in the terminal ganglia, which are located close to or within the organ which they enervate (Fig. 2).

2. The thoracico-lumbar stream which includes fibers that arise from the cells of the intermediate lateral column of the spinal cord, make their exit through the thoracic and first four lumbar nerves, and after leaving the spinal nerves by way of the white rami they enter the sympathetic nervous system and terminate in the ganglia of the sympathetic trunk or in the collateral ganglia (Fig. 3).

3. The sacral stream which includes the visceral efferent fibers of the second, third and fourth sacral nerves. These arise from cells in the lateral column of the gray matter in the sacral portion of the spinal cord and run through the visceral branches of the second, third and fourth sacral nerves. These fibers end in the ganglia of the pelvic sympathetic plexus. Figure 2 is an illustration of the cranio-sacral stream of autonomic nerve fibers; the sacral stream make their connection with the ganglia of the pelvic sympathetic plexus. Figure 3 is an illustration of the thoracico-lumbar stream of the autonomic fibers which make their connection with the ganglia of the sympathetic trunk or the collateral ganglia, namely the celiac and associated collateral ganglia.

It is convenient to have a term which will express in the aggregate the sum total of all the general visceral efferent neurons, both preganglionic and postganglionic and include both those rising in the cranial and spinal nerves. For this purpose the term autonomic nervous system is now in general use and was first used in this way by the distinguished English physiologist, Dr. Langley. It should be emphasized that this is a functional division of the sympathetic nervous system and not an anatomical division and includes only the efferent elements. The cell body of the preganglionic neurons lie in the cerebrospinal nervous system.

The postganglionic neurons are located in the sympathetic nervous system. According to the origin of the preganglionic fibers in this division we may recognize the following three divisions of the autonomic system.

1. The cranial autonomic system whose preganglionic fibers make their exit by way of the third, seventh, ninth, tenth and eleventh cranial nerves.

2. The thoracico-lumbar autonomic system whose preganglionic fibers make their exit by way of the thoracico and upper lumbar spinal nerves.

3. The sacro-autonomic system whose preganglionic fibers run in the visceral branches of the second, third and fourth sacral nerves.

All of these visceral autonomic nerve pathways carry nerve impulses to the smooth muscles and glands of the body.

The cerebral and sacral systems are similar in that the preganglionic fiber terminates in a terminal ganglion and not in the ganglia of the sympathetic trunk. They also are

similar in that they respond in the same way to certain chemical substances and drugs. For instance, they are all stimulated by pilocarpine and are paralyzed by atropine

the sphincters of the digestive tract. They also stimulate the smooth muscles of the bronchi and respiratory tract. They lessen blood pressure and slow the circulation in

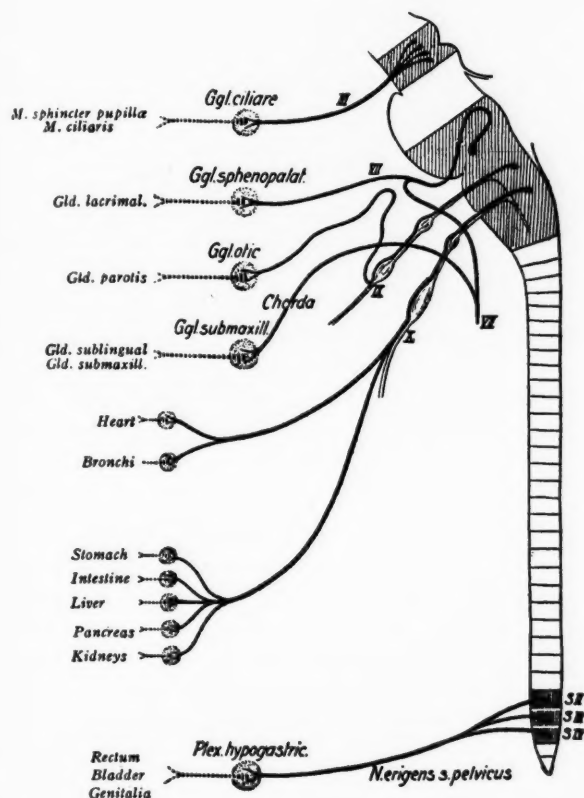


Fig. 2. The parasympathetic portion of the sympathetic nervous system. Preganglionic fibres are indicated by continuous lines; postganglionic fibres by dotted lines. (After Villiger).

and the atropine group, namely, belladonna, hyoscyamus and stramonium.

The thoracico-lumbar division of the autonomic nervous system is readily stimulated by the secretions of certain endocrine glands such as the adrenal-medulla, posterior lobe of the pituitary and thyroid. They are not paralyzed by any known drug or substance.

The cerebral and sacral autonomic nervous systems are similar in their physiological action upon the smooth muscles and glands of the body, and when active or stimulated, produce the following physiological action on the glands and smooth muscles; namely, they increase the activity of all of the mucous glands of the nose, mouth, throat, and the respiratory and digestive systems. They also increase the activity of all the glands of the gastrointestinal tract; namely, the glands of the stomach, intestines, liver, pancreas, spleen and kidneys. They also increase peristalsis and lessen the activity of

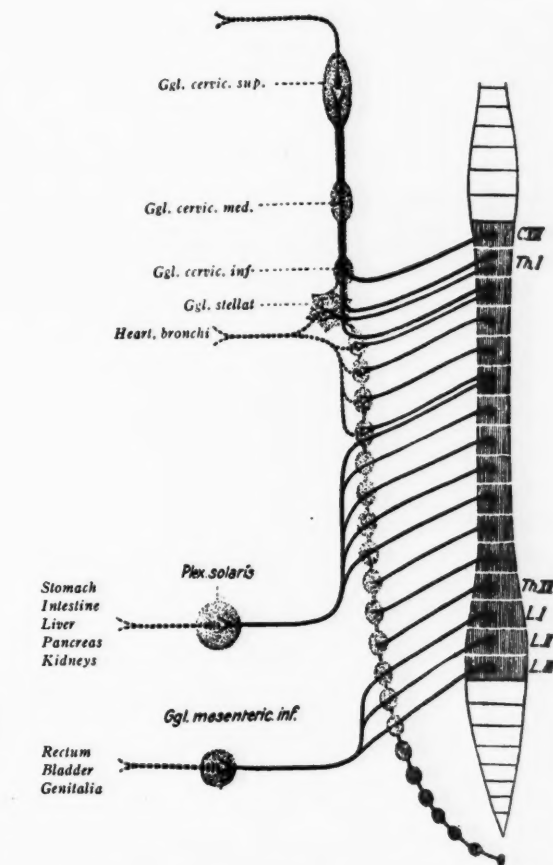


Fig. 3. Sympathetic nervous system. Gangliated cord with its ganglia. Origin of the true sympathetic in the spinal cord from the eighth cervical to the third lumbar segment. Preganglionic fibres are indicated by continuous lines; postganglionic fibres by dotted lines. The postganglionic fibres, which pass by way of the gray rami, to run in the peripheral spinal nerves are shown in the next diagram. (After Villiger).

the visceral blood vessels. They also slow the action of the heart.

The activity of the thoracico-lumbar division of the autonomic nervous system lessens the secretions of all glands in the respiratory and digestive tracts, lessens peristalsis and increases the activity of the sphincters of the digestive tract. This division also stimulates the action of the heart, increases the pulse rate, increases blood pressure, increases vasomotor contraction and increases the activity of the sweat glands and all smooth muscles of the skin.

Normally these two systems are balanced one against the other and when rightly balanced they act harmoniously in maintaining the proper function of the different organs of the body, but in some individuals one

side or the other of this autonomic nervous system may be in excess of the other. When the cranio-sacral, or greater vagus division, is in the ascendancy we have symptoms of so-called vagotonia, namely, increase in the activity of all the glands of the digestive system, including the stomach and intestines, and other glands connected with the gastro-intestinal tract and very often in these cases a spastic constipation and a so-called mucous colitis.

We also have as symptoms of vagotonia a slowing of the pulse, low blood pressure, low blood sugar, low metabolism, increase of uric acid content of the blood and a feeling of general fatigue and exhaustion on the part of the patient. These represent a group of symptoms that are quite characteristic of the individual who is suffering from migraine. He has these symptoms in the interval between the attacks of headache but during the attack of migraine the thoracico-lumbar division of the autonomic nervous system, or what may be termed the sympathetic division, is overactive and in the attack of headache he has symptoms of sympathicotonia. The nausea and vomiting, the increased blood pressure, pallor and such other symptoms due to a sympathicotonia which is the result of overactivity of the thoracico-lumbar or sympathetic division of the autonomic nervous system.

Sometimes the patient may also suffer from some intercurrent disease which may change this picture of vagotonia; that is, originally and fundamentally the migraine patient is usually vagotonic in the interval between the attacks of headache, but he may also suffer from some intercurrent disease, such as arteriosclerosis, pernicious anemia, or some other disease which will change the original vagotonic picture and instead of having low blood pressure and other symptoms of vagotonia he may have high blood pressure and some or all of the original symptoms of vagotonia may disappear.

Diagnosis

The diagnosis of migraine in a well developed case with symptoms of nausea and vomiting and other symptoms associated with the headache can usually be readily made. Incomplete and atypical cases and cases that may not be associated with nausea and vomiting are sometimes more difficult to diagnose. In the latter class the history will usually show atypical attacks of mi-

graine, and a history of migraine in ancestors or relatives will often aid in the diagnosis. In these atypical cases the headache is usually not so severe and is quite often limited to some particular part of the head such as one temporal or parietal region or the occipital region.

The examination of any case of migraine should include a careful history of the ancestors of the patient and a careful personal history, a complete general examination of all of the organs of the body, and an x-ray of the head, including the sella turcica, in both the anteroposterior and lateral positions. There should also be an examination of the eyes, including the fundus of the eyes, for the purpose of determining if there are any signs of increased intracranial pressure, and a careful examination of the nose, throat, sinuses, tonsils and teeth. A history and examination of this kind are usually sufficient to make a diagnosis in any particular case.

It is well to remember that all cases of headache are not migraine. There are many other causes for headache besides migraine. The general examination will also usually reveal the fact that the patient who is suffering from migraine is in most cases vagotonic in the interval between the attacks of headache and two or more and, sometimes, all of the following vagotonic symptoms will be found if the proper examination is made; namely, increased secretion of hydrochloric acid; spastic descending colon often associated with so-called mucous colitis; the x-ray often shows the stomach and intestinal tracts hypertonic with increased motility and sometimes a rapid emptying of the stomach or bowels and in other cases a spastic and contracted colon which is frequently the cause of constipation. Other vagotonic symptoms consist of slow pulse, low blood pressure, low blood sugar, low metabolism and usually a high uric acid content in the blood. The patient also tires easily and complains of feeling weak which is in these cases also a symptom of vagotonia.

Treatment

The treatment of migraine may be considered under two heads: First, the treatment of the attack of severe headache; and second, the care and treatment of the patient in the interval between the attacks. The most distressing symptom and that for which the patient seeks relief, of course, is

the severe headache. In order for the physician to deal with this condition successfully, it is quite important that he have a definite idea as to just what is the immediate cause of the severe headache. As we have already indicated above, the knowledge that we have, at present, quite clearly indicates that the immediate cause of the headache is a spasm of the arteries of the meninges of the brain, and this spasm of the arteries compresses and irritates the sensory nerves in the walls of the arteries, which is the immediate cause of the headache. With this idea in mind as the cause it is very evident that the treatment of the patient should be directed to relieving this arterial spasm. There are quite a number of different remedies and drugs that may be used to accomplish this. I have found the following treatment very effective in relieving attacks of severe headache in cases of migraine.

Have the patient take a warm enema at a temperature of 105 degrees and empty the bowels thoroughly, drink two or three glasses of quite warm water, and in addition to this take a warm full water bath at a temperature of 97 or 98 degrees F., remain in this bath for at least twenty minutes with a large cold compress around his head, and following this go to bed in a quiet, warm room for at least half a day. If this treatment is taken early in the attack it usually relieves the headache entirely or greatly lessens its severity. This warm treatment is given for the purpose of relaxing the vascular spasm of the meninges and cortical arteries of the cerebrum.

Figure 4 shows a sphygmographic tracing of a healthy individual—the first tracing before and the second tracing after taking a cool bath, and the third tracing after taking a warm water bath following the cool bath. These tracings were all made by the writer and illustrate in a very forceful way that the cold bath causes a contraction of the arteries as shown by the sphygmographic tracing, and the warm bath causes a relaxation of the arteries as shown by the last tracing in the figure. This simple remedy will often be found more effective in relieving the attack of migraine than the use of drugs. Sometimes, in severe cases it may be necessary to give the patient some drugs in addition to this treatment to give relief. The drugs that I have found most useful are such as cause a dilatation of the cerebral blood vessels. For this purpose, caffeine is

often very useful in relieving the severe headache of migraine. A cup of strong warm coffee taken early in the morning when an attack of migraine is starting will

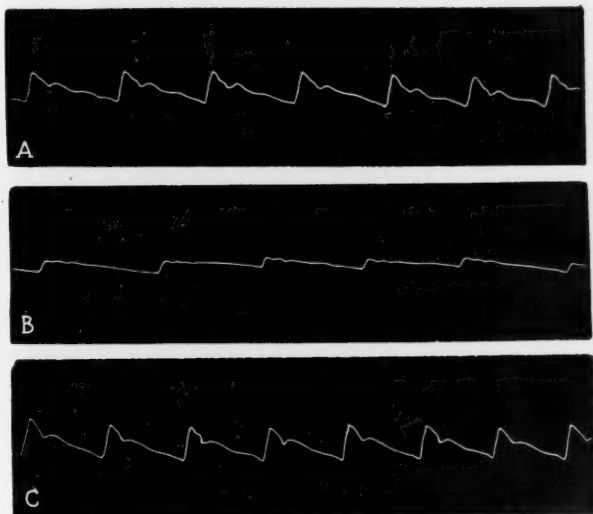


Fig. 4. Sphygmographic tracings to illustrate the effect of the short cold bath and warm bath in producing contraction and dilatation of the arteries. *A*, Tracing of the pulse before taking a spray at 60 degrees F. *B*, Tracing of the pulse taken after a spray at 60 degrees F. for one minute. *C*, Tracing of the pulse taken after a spray at 110 degrees F. for five minutes, which followed the tracing shown in *B*, and illustrates the effect of the warm spray bath on the pulse.

often give relief. A capsule containing one grain of caffeine and four grains of phenacetine is often effective. The inhalation of amylnitrite, which also dilates the blood vessels, often gives relief. There are also other drugs. The use of bromides during the attack and sometimes in the interval between the attacks often gives relief. In recent times, certain drugs have been recommended, such as Gynergen, one tablet two or three times a day, or Anacin tablets. In very severe cases where the headache is extreme it may be necessary to resort to codein or even a hypodermic of morphine, but all of these drugs should be avoided as much as possible as migraine is a chronic disorder.

In recent times surgical operations have been recommended and used in some extreme and severe cases of migraine. The surgical procedure that has been employed, recently, for the relief of headache is a ligation of the middle meningeal artery with a resection of a small portion of the vessel. An operation of this kind would be indicated only in very severe and extreme cases. Removal of one or more of the cervical sympathetic ganglia has also been recommended and used.

Care and Treatment of the Patient in the Interval Between Attacks

An individual who is subject to attacks of migraine should have proper medical attention and direction in the intervals between the attacks. It is very important that the patient understand that by careful and right living he may reduce the number of attacks of headache. Since eye strain and errors of refraction are often an exciting cause of the headache, the migraine patient should have an examination of his eyes and be properly fitted with glasses. The patient should also avoid the extreme use of the eyes and exposing them to extreme sunlight as this is sometimes sufficient to excite the attack of headache. Patients who suffer from migraine as a rule also have disturbances of the digestive tract. Most of them have an excess of hydrochloric acid in the stomach. The muscles of the stomach and bowels are often in a state of hypertonia with rapid emptying. In many cases there is a so-called spastic constipation, usually with a contraction of the descending colon and in some cases a condition of the bowels which is described as a mucous colitis. All of these disorders of the digestive tract are due to the vagotonic condition usually present in patients suffering from migraine. To relieve this condition of the digestive tract it is important that the patient's diet be carefully regulated. He should have food that is easily digested, laxative and non-irritating. He should avoid the use of coarse articles of food that might irritate the mucous membrane of the digestive tract. If the patient, in his experience, finds that he is apt to have a headache after eating certain articles of food, these articles should, of course, be avoided. In many cases it may be well for the patient to have an allergy test to determine whether he gives any anaphylactic reaction to certain articles of food. Foods of this kind, of course, should be avoided. The so-called ketogenic diet has been recommended and may be useful in certain cases. Intestinal toxemia which is sometimes present can be relieved by the regulation of diet and by the use of Lactose before meals, one or two teaspoonfuls of agar-agar well soaked in half a glass of warm water after meals, and a tablespoonful of paraffin oil in half a glass of water at bedtime and if necessary also on arising in the morning. Other remedies are

also recommended for overcoming intestinal toxemia.

The application of fomentations over the abdomen two or three times a day is very effective in relieving the spasm and irritation of the intestinal tract that is often present. A retaining oil enema consisting of a few ounces of paraffin oil injected into the bowels at bedtime and retained through the night may be helpful in overcoming the spasm and irritation of the colon. The use of atrophine is also recommended for relieving the spasm of the colon.

It is well for the physician to keep in mind that the patient usually has other vagotonic symptoms as indicated above, and these may need attention. The use of small doses of thyroid extract three times a day, given in the interval between the attacks of headache, is often helpful as the metabolism and blood sugar are often below normal.

Another very important instruction the physician has to give his migraine patients is that they must endeavor to live a careful and somewhat circumscribed life. It is important that they avoid overwork and fatigue, that they get their sleep regularly, and if possible lie down for an hour or so in the middle of the day. It is also very important that the patient avoid nervous and emotional strains as these are often responsible for the development of an attack of headache. The patient should understand that it is very important that he limit his activities and as far as possible avoid conditions that are apt to excite an attack of headache.

Note: The author expresses his thanks to the J. B. Lippincott Company of Philadelphia, for permission to use the illustrations from Villiger's work on "The Brain and Spinal Cord," also the W. B. Saunders Company of Philadelphia for permission to use the illustration from Ranson's "Anatomy of the Nervous System."

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TOXIC HEPATITIS*

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It seems that the best method of approach to the subject of toxic hepatitis in man is by way of a careful consideration of the end-result of toxic hepatitis, namely, toxic cirrhosis. If one is thoroughly conversant with the pathology of toxic cirrhosis one can more easily understand and better appreciate the changes in physiology of the liver found in toxic hepatitis. The symptoms, the physical findings, the changes in the constituents of the blood, both chemical and cellular, at the time of the poisoning and at a later period (if the patient survives) are for the most part easily explained on the basis of necrosis of the liver cells and regeneration of the liver tissues.

We will, therefore, begin our discussion with a review of toxic cirrhosis.

Toxic Cirrhosis

Toxic cirrhosis is that condition which develops in the liver following acute or chronic necrosis of the liver cells. It is characterized, usually, by great reduction in size and weight of the liver; by red or yellow color and by a firm nodular exterior. The cut section frequently shows red islands of liver tissue of varying size, which bleed freely, separated from each other by bands of fibrous tissue containing many bile ducts. Marchand, in 1895, called the condition "multiple nodular hyperplasia" and postulated its connection with acute yellow atrophy. Toxic cirrhosis is considered by most pathologists to be one of the portal cirrheses.

Considerable controversy exists over the matter of toxic cirrhosis. Whether one accepts the broad concept of the disorder as put forward by Mallory⁹ in 1911 in which he classifies all forms of disease of the liver under the head of toxic cirrhosis or sclerosis, or whether one restricts the subject to "healed yellow atrophy," as done by Boyd² in 1935, is a matter of personal choice.

It is not my purpose to enter into a

lengthy discussion of the classification of toxic cirrhosis. I have been searching for months for one which would meet all requirements of a good workable etiological and pathological classification and have failed to find it. Mallory's with its twelve subdivisions seems too extensive. Boyd's seems too brief. Judd and Beaver,⁵ in 1932, reviewed twenty-two cases of acute and subacute yellow atrophy and considered the evolution of toxic cirrhosis but they make the note that in attempting to correlate their pathological classification with clinical features of the disease "only partial success was met with." Rich¹⁴ has offered a classification of jaundice based upon the vanden Bergh reaction. Since bile formation and excretion is only one of nine or more functions of the liver, this would seem to be inadequate ground upon which to base a classification. The subject of toxic liver disease is undergoing a great deal of investigation and ideas on the matter are changing. Osler observed only three cases of acute yellow atrophy among 28,000 medical cases admitted to Johns Hopkins Hospital in a period of twenty-three years. Nowadays, according to Boyd,² a microscopic diagnosis of acute necrosis of the liver can be made in a considerable number of cases.

It is a well known fact that certain poisonous substances, upon entrance to the human body, attack the liver parenchyma causing

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necrosis of the liver cell. This is acute necrosis of the liver or acute yellow atrophy. If the amount of the poison is less than sufficient to cause immediate death or if the resistance of the cells is high some of the liver cells survive. There begins at once a regeneration of liver cells from the existing normal liver cells (not from the bile canaliculi as was formerly thought—Boyd²). New bile channels form and establish contact with the new liver cells and begin to remove the accumulated excretion. During these few days jaundice may be extreme.

Unfortunately, there is, as a result of inflammatory reaction, a greater or lesser amount of proliferation of connective tissue and we may find at a later date, islands of functioning liver cells separated by dense bands of fibrous tissue. This is true toxic cirrhosis. The islands of functioning liver cells may do their work so well that all tests of liver function may be normal. Contraction of the scar tissue may produce a condition similar to or identical with portal cirrhosis. In the presence of such pathology in the liver an acute infection in some other part of the body, of minor importance in itself, may precipitate an acute hepatic insufficiency.

The poisonous substances which cause the damage to the liver cells make their way to the liver by way of—

1. The portal circulation (portal vein).
2. The systemic circulation (hepatic artery).
3. The biliary channels (?).

These noxious materials may be:

1. Inorganic or organic chemicals which have been ingested, inhaled or injected: phosphorus, arsphenamine, chloroform, cinchophen, mercury, carbon tetrachloride, phenylhydrazine, et cetera.
2. Toxins elaborated by pathogenic organisms present in the body, such as: *B. diphtheriæ*, *B. typhosus* and paratyphosus.
3. Substances of undetermined character and origin such as are met with in eclampsia and thyrotoxicosis.
4. X-ray irradiation, which, according to Bolliger and Inglis may cause necrosis of the liver with subsequent toxic cirrhosis.

In this industrial age with its free use of chemicals and close contact with dust and fumes, there is small wonder that the inci-

dence of toxic liver disease should be definitely increased. Mallory⁹ reports 8.2 per cent of 8,275 cases of cirrhosis found at autopsy to be true toxic cirrhosis. Furthermore, experimental work on the liver by Mann, Ivy, Carlson and Moon has opened new vistas of theory and wide avenues for investigation. However, in spite of our increasing knowledge of poisons and of the brilliant and clear results of experimentation we have not advanced very far in the knowledge of the early symptoms and laboratory findings of toxic liver disease. We will discuss symptoms in conjunction with the various degrees and stages of pathology.

In passing through the evolution of toxic cirrhosis we must first consider the necrosis of the parenchyma of the liver by the poisonous substances. The necrosis occurs in the center, in the periphery or in the mid-zonal region according to the type of poison at work. Chloroform characteristically attacks the cells about the central vein; eclampsia produces lesions of the periphery of the lobule; mid-zonal lesions are found in infectious diseases (according to Opie); and focal necrosis—scattered areas of destruction of cells—is seen in diphtheria and pneumonia and in septicemias.

We might, at this point digress for a moment to consider the work of McIndoe and Counseller⁸ on the bilaterality of the liver. These investigators have shown that in dogs the right and left branches of the portal vein remain entirely separate. The regional distribution is followed out by the hepatic artery and the bile duct. The division point is a line drawn from the fossa of the gallbladder to the juncture of the hepatic veins and the inferior vena cava. Although this bilaterality has been proven by injection of celloidin and dye (Copher and Dick³), pathological evidence, according to Boyd, does not bear it out. If the theory proves to be correct, it would explain the normal liver function tests that are found in some cases of severe toxic liver disease on the ground that the unaffected portion of the liver carries on the work of the whole liver.

Acute Toxic Hepatitis

Although the condition is comparatively rare, we are all familiar with the picture of acute toxic hepatitis, of acute hepatic toxemia, of acute necrosis of the liver, of acute yellow atrophy. The sudden onset with nausea and vomiting and with deepen-

ing jaundice is characteristic. There is, usually at first, an increase in liver dullness, followed by rapid diminution. A gradually deepening sleep-like coma develops and there may be convulsions. A hemorrhagic rash is frequently seen. The blood sugar is low, as is the blood urea. The nitrogen of the blood is increased and leucin and tyrosin appear in the urine. The blood cholesterol is usually increased and the cholesterol esters are diminished or absent. Galactose tolerance is decreased.

Chronic Toxic Hepatitis

We are less familiar, perhaps, with the picture of chronic toxic hepatitis, of sub-acute yellow atrophy, of chronic hepatocellular disease. The chronic form has been nicely described by Lyon:⁶ (1) undue fatiguability, a sense of torpor or lethargy; (2) diurnal drowsiness, particularly, after meals; (3) mental changes: emotional, tearful, pessimistic, depressed, even melancholic mental states; (4) icteric sclerae and sublingual mucous membrane; (5) stools light in color; (6) urobilinogen high; (7) indican increased; (8) liver spots or petichiae or telangectases above costal margins; (9) icterus index increased; (10) Van den Bergh disturbed. There may be an increase in uric acid, a diminution of urea and possibly an increase in cholesterol. A positive galactose test is highly suggestive of acute and extensive hepatocellular disease. Pratt and Stengel¹³ in reviewing cases of toxic cirrhosis state that they found digestive and nervous symptoms similar to those in portal cirrhosis. Varying degrees of involvement exist between the acute and chronic forms of toxic liver disease.

We have not touched upon alcoholic cirrhosis for the reason that the subject is, at present, one of keen debate. The rôle of alcohol in the development of alcoholic cirrhosis, so-called, is not clear since we find the same pathologic changes in individuals who have rarely, if ever, partaken of alcohol and occasionally in children in whom there is no question of the use of alcohol over a long period. Recent work (Greene et al.⁴) seems to indicate that the pathology is the result of the action of alcohol and bacteria or bacterial toxins. They believe that alcohol changes the mucosa of the intestine so that bacteria and bacterial toxins gain entrance to the portal circulation and set up an hepatitis of low grade with consequent proliferation of connective tissue.

Mallory considers phosphorus to be associated with alcohol in the production of alcoholic cirrhosis.

I would like to present three case histories

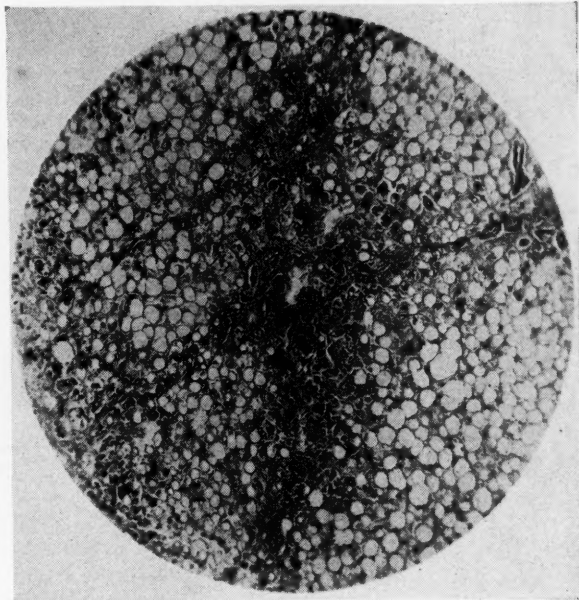


Fig. 1. Section of liver tissue in a case of acute necrosis of the liver following the use of a mercurial diuretic in an individual with pre-existing cirrhosis. Note the extreme effort at regeneration as shown by proliferation of small bile ducts.

of liver disease due to poisons. The first case is one of mercury poisoning causing acute necrosis of the liver in an individual with a pre-existing portal cirrhosis, probably of alcoholic origin (Fig. 1). The second is a case of cinchophen poisoning (Fig. 2) and the third, one of chloroform poisoning (Fig. 3). In the latter, there is evidence of an attempt at regeneration on the part of the liver.

Case 1.—Mrs. L. W., aged sixty-four, white, female, had complained of nausea and vomiting for one week. There was a history of excessive use of alcohol over the previous thirty years. Recently, she had been taking a proprietary sedative containing bromides. When first seen she was somewhat irrational. The arms and legs were thin, the abdomen was distended with fluid and the emphysematous chest contained many thick moist râles. The cardiac sounds were distant but there were no murmurs. The rate was 96, regular. Blood pressure was 100-70. The liver was not palpable. To reduce abdominal ascites, novasurol was given intramuscularly in the amount of 0.5 c.c. the first day, 1 c.c. the second day and 1 c.c. the fourth day. Diuresis was prompt. The abdominal ascites diminished. However, on the fifth day, the patient was roused only with difficulty. The skin became icteric and purpuric spots appeared over the body. The sclerae were markedly icteric and the conjunctivae injected. The mucus membrane of the mouth and throat were yellow and dry. Moist râles were increased in the bases. Cardiac dullness was made out to the anterior axillary line on the left. Cardiac rate was 108 and there were occasional extra systoles. Blood pressure was 100-50. Intravenous glucose was given.

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During the succeeding days somnolence increased but the patient could be roused at times. Jaundice deepened. On the tenth day, the liver was palpable 3 to 4 cms. below the costal margin. Levine tube feedings of glucose were tried. On the fourteenth day, bright red blood came from the Levine tube

absent. Serum protein was 8.2 mg., albumin 5.2, and globulin 3 mg. The Takata was negative. The galactose elimination was 8 gms. The fasting blood sugar was 80 and the blood nitrogen 53 mg.

The patient was the picture of extreme toxemia during the succeeding week. Her condition im-

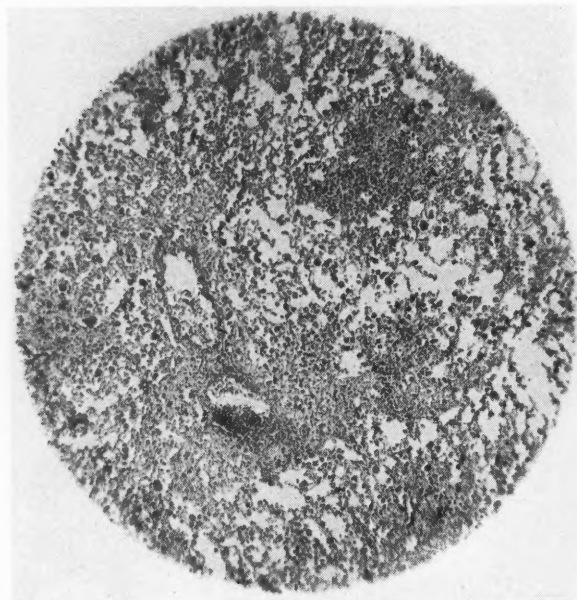


Fig. 2. Section of liver tissue in a case of cinchophen poisoning showing complete destruction of normal liver topography. Cytolysis and karyolysis of liver cells with regenerative hyperchromatism.

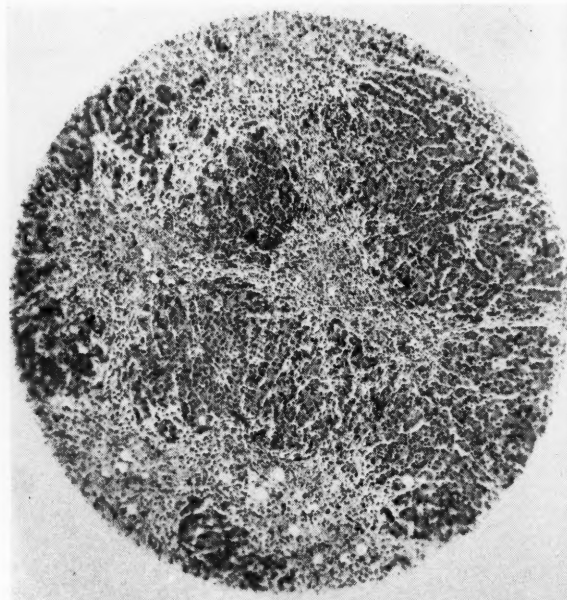


Fig. 3. Section of liver demonstrating the late results of chloroform poisoning. The necrotic areas are well organized and replaced by connective tissue. Regenerative attempts are seen in individual cells of the liver lobules.

and the tube was removed. Jaundice increased, coma deepened and there was anuria. The patient died on the twenty-second day of the illness.

Laboratory findings: Hemoglobin, 90 per cent. Erythrocytes, 4,170,000; leukocytes, 16,000. Polymorphonuclears 76, lymphocytes 20, monocytes 4. Urine: alkaline, S.G. 1.018, no albumen, sugar or acetone, bile +4. Microscopic examination revealed epithelial debris and amorphous phosphates. Blood cholesterol 333 mg. per 100 c.c. Cholesterol esters 110 mg. Free cholesterol 223 mg. vanden Bergh positive, direct and indirect. Icterus index 30. The stool, at first, contained bile; toward the termination of the case there was none.

Postmortem diagnosis: (1) Acute necrosis of the liver; (2) Hepatic cirrhosis; (3) Acute tubular nephritis; (4) Mercury poisoning.

Comment: This was apparently a case of cirrhosis which developed acute necrosis of the liver, possibly on a basis of mercury poisoning (novasurol).

Case 2.—N. K., white, female, aged thirty-eight, took a total of 150 grains of cinchophen over a period of 10 days for the relief of aching pains in the extremities. She then became nauseated and weak and noticed that her skin was yellow. The jaundice deepened and the stools became clay colored. The patient became drowsy and torpid and her skin showed a hemorrhagic rash well distributed over the body. On her admission examination the liver was 2 cms. below the right rib margin and was tender to light pressure. The cardiac rate was 70 p.m. and the temperature 98.8.

Laboratory findings on admission: Hemoglobin, 95 per cent. Red blood cells, 4,685,000. Leukocytes, 10,200. Polymorphonuclears 62 per cent, Sm. Monos. 28 per cent, Lg. Monos. 8 per cent. Basophils 1 per cent. Eosinophils 1 per cent. There was a positive direct and indirect vanden Bergh and serum bilirubin of 40 mg. per cent. Urobilinogen was

proved, however, so that at the end of two weeks the galactose was 5 gms. The serum bilirubin was 20 mg., and urobilinogen was present in a dilution of 1—20. The blood nitrogen was 42 mg. At the beginning of the fourth week the patient again became torpid; serum bilirubin increased to 60 mg.; and the galactose was 8 grams. The patient died in coma. Autopsy revealed a large boggy liver weighing 2,400 grams. The cut section had a mottled appearance—red on yellow—and bled very freely.

Postmortem diagnosis: Subacute red atrophy with beginning toxic cirrhosis.

Comment: A case of acute toxic hepatitis from the use of cinchophen in moderate amount.

Case 3.—H. S., Negro, male, aged thirty-six, during an alcoholic debauch by accident drank 6 ounces of chloroform. In twenty-four hours the sclerae became icteric. At the end of forty-eight hours the jaundice, as seen in the sclerae and mucous membranes of the mouth, was marked. The serum bilirubin was 60. The vanden Bergh positive, direct and indirect. Blood sugar 60 mg. Nitrogen 44 mg., urea 6 mg., galactose, 12 grams. Urobilinogen in the urine, negative. Stools, negative for bile. The patient remained in a toxic state for twelve days, at the end of which time the serum bilirubin diminished to 20 mg., the blood sugar increased to 90 mg. The blood nitrogen became 39 mg., and the blood urea 10 mg. Urine contained a trace of albumin and +4 bile. With these changes in the blood there was an improvement in the patient's general condition. Six weeks after the drinking of the chloroform the patient developed an acute upper respiratory infection, again became markedly toxic, somnolent, and irrational. The serum bilirubin rose to 60 mg., the blood nitrogen to 74 mg., and the blood urea fell again to 6 mg. The patient died in coma.

Postmortem diagnosis: Toxic cirrhosis.

Comment: A case of toxic cirrhosis due to ingestion of a large amount of chloroform.

I am indebted to Dr. Henry L. Bockus, Professor of Gastro-enterology, Graduate School of Medicine, University of Pennsylvania, for the privilege of using the last two cases.

My reason for bringing this subject to your attention is to accentuate the need for finding cases of toxic hepatitis early so that the ingress of the poisonous substance to the body may be eliminated and steps taken to aid the liver in its effort at regeneration before extreme toxic cirrhosis develops.

Much can be accomplished by prolonged supportive and symptomatic treatment. Large amounts of glucose are given into the vein practically continuously, for a long period. High carbohydrate diet is of great importance. Bollman and Mann,¹ as a result of their experiences in experimental physiology of the liver, state: "measures directed toward increasing the glycogen content of the liver appear to be of value in reducing the systemic effects of certain toxins, and they also appear to prevent further injury to the liver." Minot and Cutler^{10,11} have advised the use of calcium to protect the liver from carbon tetrachloride and chloroform. Morse¹² has observed calcium deficiency in acute hepatitis. C. H. Best has recently suggested the use of substances containing choline, such as egg yolk and yeast in combination with high carbohydrate diet (based on experimental phosphorus poisoning in dogs). Morphine and sedatives are ordinarily contra-indicated. In the acute stage of the disease daily transfusions of 250 to 300 c.c. of blood may be of benefit.

Summary

We have attempted to show that certain poisonous substances may enter the body and produce necrosis of the liver cells.

1. These poisonous substances may be inorganic or organic chemicals or bacterial toxins.

2. The patient may expire as a result of this poisoning in which case death may be due to acute necrosis of the liver.

3. If the patient survives the initial poisoning, the liver cells may regenerate even to the extent of carrying on normal liver function.

4. The appearance of such a liver with islands of regenerated liver tissue separated by stroma heavy in bile ducts is characteristic of toxic cirrhosis.

5. Treatment of both the acute and chronic forms of toxic liver disease is symptomatic and supportive. Glucose intravenously, blood transfusions and a high carbohydrate diet are of benefit. Calcium and choline in the form of egg yolk and yeast may prove to be of value in combating necrosis of the liver.

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OCULAR SYMPTOMS AND SIGNS OF BRAIN TUMOR*

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Brain tumor is much more common than is generally realized, consequently, should always be borne in mind as a possible cause of poor vision, headaches, vomiting, dizziness and other less frequent symptoms. Such neoplasms occur in children as well as in adults. In the diagnosis and localization of brain tumor the ocular symptoms and signs are of great importance. Ocular symptoms are common since embryologically the eye is a part of the brain, the optic nerve is really a brain tract, and the visual pathways extend from the anterior to the posterior end of the brain; furthermore, six of the twelve cranial nerves send all or a portion of their fibers to the eye and adnexa.

Ocular Signs of Brain Tumor

The common ocular signs of brain tumor may be due to generalized increase in intracranial pressure, or to localized pressure or destruction of normal tissue. These signs are choked discs, optic atrophy, visual field changes, paralysis of one or more of the extraocular muscles and nystagmus.

Choked Discs.—Edema of the optic nerves is so common in brain tumor that it constitutes, along with headaches and projectile vomiting, the so-called tumor syndrome. The importance of an ophthalmoscopic examination of the eye grounds goes without saying; certainly the practitioner should look at the ocular fundi during the course of every routine examination.

Choked discs are the result of increased intracranial pressure and occur in association with at least 80 per cent of brain tumors. The size of a neoplasm is not always the determining factor in the production of choked discs; a small tumor pressing on the aqueduct of Sylvius, or great vein of Galen and damming back the cerebrospinal fluid gives rise to early and pronounced edema of the optic nerves.

Edema of the nerve heads almost always occurs with tumors of the cerebellum, quadrigeminal plate, parieto-occipital lobes, third or fourth ventricles and with neoplasms along the base of the brain. Frontal or temporal lobe tumors usually give rise to choked discs. Neoplastic lesions of the pituitary body, pons, corpus collosum, subcortical areas or medulla rarely produce edema of the optic nerves; however, it may occur as a late symptom. The edema may be unilateral in the early stages but usually both nerve

heads are involved. Recognition of choked disc is ordinarily not difficult—the nerve head is enlarged, it is elevated above the level of the retina and protrudes slightly forward into the vitreous, it has a gray translucent wet appearance, the margins are blurred, hemorrhages may be present, and the retinal arteries are contracted and the veins engorged. Vision may be unaffected in the early stages, but eventually, with the development of secondary optic atrophy, the vision grows dim and finally the patient becomes blind. The visual field shows enlargement of the blind spot, and later concentric contraction.

Optic Atrophy.—Primary or secondary atrophy of the optic nerve with partial or complete loss of vision may be associated with brain tumor.

Primary atrophy is the result of pressure on the nerve in the subfrontal area or in the region of the optic chiasm. It occurs most commonly with tumors of the pituitary body; typically the temporal side of each nerve head assumes a pale waxy appearance. In complete primary atrophy the nerve head appears white or gray, the margins are unusually sharp, pathologic cupping is present and the vessels are normal.

Secondary atrophy follows prolonged choked disc. The nerve head is chalky white, the margins are irregular and somewhat indistinct, there is no cupping since the physiologic cup is filled in with glial and connective tissues, and the blood vessels are reduced in size.

Visual Field Changes.—The visual pathways, made up from before backward of the optic nerves, chiasm, optic tracts, lateral geniculate bodies, optic radiations, and visual cortex, extend from a position underlying the frontal lobes anteriorly to the extreme posterior end of the occipital lobes. Tumors in various areas throughout the

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brain may press on these pathways and give rise not only to symptoms indicating the presence of a neoplasm but also to changes which are of definite value in localizing the position of the lesion.

Pressure on the optic nerve affects the field of vision in only one eye, whereas a similar lesion in any other part of the visual pathway affects the field in both eyes. A unilateral central scotoma, concentric contraction of the visual field or even complete loss of the field in one eye as a result of pressure on the nerve may occur from a tumor of the frontal lobe or pituitary body.

Pressure on the chiasm is said to give rise typically to a bitemporal hemianopsia, i.e., to a loss of vision over the temporal field in each eye. In actual practice visual field loss associated with chiasmal pressure usually begins in the upper temporal quadrant of each field; it gradually extends over the temporal fields, usually more rapidly on one side than on the other, and, at the stage at which it is most frequently discovered, the vision on one side is almost gone and only the nasal field remains on the other side. Chiasmal pressure is most frequently due to a tumor of the pituitary body or a cyst or neoplasm in the suprasellar area; it may occasionally result from dilatation of the third ventricle as a result of a tumor in a remote area.

Pressure on the visual pathway of one side posterior to the chiasm results in homonymous defects in the visual fields. These defects may occupy small areas, quadrants or entire halves of the visual fields.

Pressure on the optic tract results in homonymous hemianopsia, i.e., loss of the right or left half of the field of vision in each eye. The vision is usually poor since the blind area passes directly through the point of fixation. Wernicke's pupillary phenomenon is present, i.e., the pupil fails to contract to light thrown on the blind half of the retina.

If the lateral geniculate body is involved the visual field changes are similar to those in lesions of the optic tract.

The fibers of the optic radiation pass through the posterior limb of the internal capsule, bend backwards in the temporal lobe and end at the posterior pole of the occipital lobe, consequently, temporal, parietal or occipital lobe tumors very frequently affect the fields of vision. Homonymous scotomata, homonymous quadrant defects or

homonymous hemianopsia may result. Usually the macula is spared and good central vision is retained. Wernicke's pupillary phenomenon is absent, i.e., the pupil contracts to light thrown on the blind half of the retina.

Paralysis of the Cranial Nerves.—The third, fourth and sixth cranial nerves supply the muscles which rotate the eyeball. Pressure or destruction of one or more of these nerves is not extremely common in brain tumor but if it does occur it results in limitation of ocular movements and double vision.

Disturbance of the fifth or seventh nerve is rare; lesions of the fifth result in disturbances of sensation over the side of the face and seventh nerve lesions result in inability to close the eyelids.

Spasm or paralysis of conjugate movements of the eyes is rare in brain tumor but may occur with a lesion of the midbrain, pons or motor cortex. Paralysis of upward rotation is associated with quadrigeminal plate lesions.

Tumors in Special Areas

Tumors in certain localized areas of the brain commonly tend to produce the following ocular signs:

Frontal lobe.—Choked discs are common. A syndrome which is supposedly characteristic of frontal lobe tumors has been described by Kennedy—central scotoma and optic atrophy on the side of the tumor and choked disc on the opposite side. Paralysis of the ocular muscles may occur with a tumor at the base. Conjugate deviation of the eyes is rare.

Pituitary Body and Suprasellar Area.—Bitemporal defects in the visual fields and pallor of the temporal sides of the optic nerves are typical. Total optic atrophy may eventually follow. Choked discs are rare in pituitary tumors but may be present with suprasellar growths.

Parietal Lobe.—Choked discs and homonymous hemianopsia may occur with lesions in this region.

Temporal Lobe.—Choked discs and homonymous defects in the fields of vision are common. There may be visual hallucinations. The pupil on the side of the lesion is occasionally dilated and fixed.

Occipital Lobe.—Choked discs and homonymous defects in the visual fields are frequent; the field defects may be scotoma-

ta, quadrant or half field defects. Visual hallucinations may occur.

Cerebellum.—Choked discs come on early and are usually prominent. In the late stages of paralysis of the sixth or seventh nerve may appear.

Midbrain.—Third nerve paralysis is not infrequent; choked discs may follow a tumor of the corpora quadrigemina or pineal body.

Quadrigeminal Plate.—Early choked discs and in some cases paralysis of upward movements, other disturbances of rotation and fixed dilated pupils. Nystagmus occasionally.

Third and Fourth Ventricle.—Early choked discs.

Pons.—Paralysis of lateral gaze. Bilateral sixth nerve paralysis. Combination of paralysis of the fifth, sixth and seventh nerves, vertical nystagmus and changes in the pupillary reactions.

Cerebellopontine Angle.—Paralysis of the sixth and seventh nerves; nystagmus may appear. Choked discs occur in the late stages if at all.

Basal Ganglia.—Homonymous hemianopsia and nystagmus.

Medulla.—Rarely miosis and slight ptosis (Horner's syndrome) may occur.

Base of Brain.—Paralysis of the third, fourth or sixth nerves with limitation of ocular rotations. Optic atrophy with lesions in the anterior fossa and choked discs with those of the middle or posterior fossa.

Conclusions

A careful study of the eyes, including ophthalmoscopic examination of the fundi and perimetric studies of the fields of vision, should be made in every case of suspected brain tumor since such lesions so frequently produce ocular changes which may not only indicate a general increase in intracranial pressure but also may be of value in localizing the tumor.

INCIDENCE OF SEIZURES IN THE FAMILIES OF EXTRAMURAL PATIENTS WITH EPILEPSY*

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The more recent statistical studies on epilepsy tend to confirm the general observation that heredity plays a less important rôle in well adjusted extramural cases than in deteriorated institutional patients. In a survey of 1,000 institutionalized patients Stein³ reported a strikingly higher incidence of seizures and neuropathic traits in the families of these patients than in a comparable group of non-epileptic controls. A recent study by Paskind and Brown² revealed that the incidence of seizures in the families of 331 adult non-deteriorated epileptic patients was substantially lower than the values given by other investigators for deteriorated, institutional patients.

The subject of heredity in epilepsy comes up frequently in general practice because the great majority of epileptic patients are found outside of institution walls. With regard to the situation in Michigan, a survey by Anderson¹ in 1933 indicated that there are approximately 10,100 epileptic individuals in the state, and of this number only 16 per cent are confined to institutions. Some 8,500 extramural patients are thus living in various communities of the state.

The present study is based on an analysis of the family histories of 1,000 extramural patients with epileptic seizures who were examined at the University Hospital in the

course of the past eleven years. All of these cases had been definitely diagnosed grand or petit mal epilepsy, and only those were selected where there was adequate information as to the presence or absence of seizures in at least all members of the immediate family. The figures for siblings and children were based on the number living at the time the patients were examined, but also include deceased relatives in whom seizures had occurred. The term "seizures" as it is applied to patients' relatives includes all cases of generalized or localized convulsions with unconsciousness, petit mal attacks, and infantile convulsions.

Table I presents a classification of the cases according to sex, type of attacks, and etiology. It will be observed that the inci-

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EPILEPSY—HIMLER

TABLE I

	No. of Cases	IMMEDIATE FAMILY			TOTAL RELATIVES		
		Patients with positive history	Per Cent with positive history	No. in family with seizures	Patients with positive history	Per Cent with positive history	No. of relatives with seizures
Males	577	43	7.4	53	73	12.7	93
Females	423	37	8.7	42	59	13.7	74
Grand Mal	842	72	8.5	84	116	13.7	146
Petit Mal	158	8	5.1	11	16	10.1	21
Idiopathic	647	60	9.3	72	101	15.6	130
Symptomatic	353	20	5.1	23	31	8.8	37
Total	1000	80	8.0	95	132	13.2	167

dence of seizures in near relatives (parents, siblings, and children) is in all cases slightly higher than in the distant kin (grandparents, uncles, aunts, and cousins). There is a slightly higher hereditary incidence among females than males, both in the immediate family and in the total number of relatives. Seizures occurred oftener in relatives of patients with grand mal attacks than in the relatives of those who had petit mal unaccompanied by major seizures. It is significant that the highest familiar incidence—9.3 per cent in the immediate family group and 15.6 per cent for total relatives—occurred in the so-called “idiopathic” cases, i.e., the large group for which no etiology could be found. These figures are, in fact, higher than the average values of 8.0 per cent and 13.2 per cent, respectively, for the entire series.

In Table II the data are arranged to show the detailed incidence of seizures among immediate and distant relatives. It will be seen that 3.8 per cent of the patients gave a history of seizures in parents, the incidence being practically equal in fathers and mothers. Seizures occurred in 52 out of 2,643, or 1.9 per cent, of the total number of siblings of 688 patients who had brothers and sisters. There were 418 offspring among the 162 patients who had children, but only three of them had a total of five children with seizures, giving an incidence of 1.2 per cent. Eighty patients had 95 members of the immediate family with seizures, and 52 had 72 distant relatives with seizures. Stated in another way, among the total of 5,061 parents, siblings, and children related to the 1,000 patients, there were 95 individuals, or 1.9 per cent, who had seizures. There was a

TABLE II

	No. with Seizures	Per Cent
Fathers (1,000).....	20	2.0
Mothers (1,000).....	18	1.8
Parents (total) (2,000).....	38	1.9
Patients or families with siblings (688)	47	6.8
Total number of siblings (2,643).....	52	1.9
Patients with children (162).....	3	1.8
Total number of offspring (418).....	5	1.2
Immediate family only (parents, siblings, and children) per 1,000 patients	80	8.0
Total number of parents, siblings, and children (5,061).....	95	1.9
Relatives other than parents, siblings, and children	72	7.2
Total near and distant relatives of 1,000 patients	167	16.7

total of 167 known near and distant relatives of the 1,000 patients who had seizures.

Summary

In an unselected group of 1,000 extramural patients with epilepsy, seizures occurred among members of the immediate family (parents, siblings, and children) in 8.0 per cent, and among all known near and distant relatives in 13.2 per cent. The greatest familial incidence occurred in the large group in which no cause for the attacks could be found.

A comparison of the values determined for these cases with other reports in the literature would indicate that in general the hereditary incidence of seizures among extramural patients stands midway between the value for non-epileptic controls and that for institutionalized patients.

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CANNABIS SATIVA

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One of the most difficult problems confronting the medical profession at the present time seems to lie in the addiction, particularly of the young people of this country, to the use of various preparations of Cannabis, or hemp, commonly known by its Mexican name of marihuana, and sold under a great variety of trade names. This is probably the most extensively used euphoric drug in the world. According to Chopra, the East Indian therapist, its use is quite general among the peoples of the Orient, both in Asia and in Africa, and is of very long standing, considerably pre-dating the Christian era.

The plant has been cultivated for a variety of purposes, probably at first for its fibers and for the seeds which contain a fixed oil useful in the mixing of paints and varnishes. I have in my library a Bible published by subscription in Boston in 1793, in which the names and occupations of the subscribers are given. Some of these are listed as rope-makers, and at that time this was probably a lucrative occupation, as New England was essentially maritime, and there must have been a great demand for cordage to be used in the rigging of sailing ships. Moreover, the laws were more rigidly enforced in those days than they are today, the public executioner being an important personage in the community, so that there was a fairly constant demand for hangmen's ropes. The demand thus produced probably led to the cultivation of hemp in this country, which seems to have been most extensively carried on in Kentucky. The industry, as a matter of record, was established there about 1775, and continued until other more profitable crops displaced the hemp. There seems to be no doubt that the plant was first cultivated in this country for the fiber and seeds, the latter of which, in addition to the expression of their oil, became an important ingredient in mixtures of bird seed. In Kentucky, as cultivation was gradually discontinued, the plant seems to have escaped and run wild, and large areas may be found at the present time which appear to be entirely taken over by the plant. In proper soil, it grows to a height of 8 or 10 feet, and the plants form an important food supply for numerous insects, notably the great swallow-tailed butterflies. These appear to be more or less stupefied, probably by the nectar which they imbibe, and are very much easier to catch than they otherwise are. It is a matter of observation that preparations made from the leaves and flow-

ering tops of the plant are, as a rule, depressant to the lower animals, and excitant to those in the higher phyla.

When the drug is used for euphoric purposes, it is smoked or else liquid preparations are consumed as a beverage. Investigations have shown that the leaves and the flowering tops, especially of the female plant, contain among other ingredients an alcohol-soluble resin, known as cannabinal, which is believed to be the source of the depressant effect of the drug. Like all narcotic and habit-forming drugs, the first effect, whether the material be smoked or otherwise introduced to the system, is a depression of inhibitions, so that the victim passes out of the control which his cerebral cortex normally exercises, and becomes highly and dangerously excited. This stage of excitement gradually passes into a condition of profound stupor which may or may not be associated with more or less vivid dreams. On emerging from this condition, which may last for several hours, the stage of excitement recurs but usually in a less degree, and the subject gradually returns to normal, it is said without experiencing the unpleasant sensations associated with the use of the opium or alcoholic derivatives. The appetite for the drug gradually increases as its use is continued, until the victims are willing to make almost any sacrifice to secure a supply.

In this country the drug is usually smoked in the form of cigarettes, which are sold largely to children of school age, whose nervous systems readily yield to its pernicious effects. It appears to have less influence over older people, and the demand seems to be less among adults than among children. Treatment in the case of this, as of all other narcotics, is extremely difficult, and cannot be brought about by the administration of

other drugs. Of course, the ideal treatment seems to consist of complete isolation, so that the drug cannot be secured. If this can be managed and the victim can receive adequate nourishment, together with the proper amount of exercise and fresh air, it may be that he can be restored to normalcy, in which case his craving will be reduced. And the time may come when his desire for this or any other abnormal substance will cease to exist. It should always be remembered that the trouble lies not so much in the drug as in the patient, who, if he were perfectly normal, would probably never have acquired the appetite, and will probably lose the same if he can be brought into a state of physical good health.

After the general practitioner has, through his ministrations, accomplished this, it is wise to call in a psychiatrist, in order that any underlying mental conflict may be more effectively combatted and resolved.

It appears that a certain racial tolerance may be developed for this as for other drugs. It seems certain that its bad effects are more readily produced when it is used by members of the Caucasian race than when it is the addiction of the Oriental races. The importation of the leaves and blossoms has been prohibited in various

countries on account of the mental degeneration which follows upon its use. But a fact-finding committee, established many years ago, has stated that its moderate use does not seem to produce any bad effects. Moderation, however, is apparently not associated with the use of the drug in this country; and inhibitions are not characteristic of youth.

Probably the occurrence of the plant in various backyards and on vacant lots is due to the throwing out of refuse from bird cages. This refuse usually consists in large part of hemp seed, which in a favorable environment takes root and grows. *Cannabis sativa*, although admitted to the British and United States Pharmacopeias, has been relegated to a position of comparative therapeutic unimportance, its depressant effects being better produced by a variety of substances, synthetic and otherwise. Probably the commonest therapeutic preparation is the fluid extract, but on account of deterioration it is difficult to secure this in the open market, and it should undergo biological standardization before being used. The British Pharmacopeia requires that *Cannabis* should come from India, but the United States Pharmacopeia does not specify the origin of the crude drug.

INTRANASAL ADMINISTRATION OF A PERTUSSIS ANTIGEN

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In the fall of 1936 our attention was called to a soluble antigen prepared from *Hemophilus pertussis* for the treatment of whooping cough. This antigen was to be delivered by the intranasal route. In an age of hypodermic medication, with so many children needle conscious, it was a welcome departure. The simplicity of administration and reported freedom from reactions would add greatly to its use.

There was no attempt to report a large number of cases. The twenty cases recorded are those which occurred in a pediatric practice during the months of November, 1936, through April, 1937. Of special note is the fact that six of these patients were under two months of age, this being a serious time to experience whooping cough. Grandma N, aged sixty-four, was added for interest.

No other disease of infancy and early childhood varies more in severity and duration than whooping cough. This fact alone makes it hard to evaluate a therapeutic measure. For no other infectious disease have so many curative agents been suggested. Of the specific agents, vaccine therapy has

been used for twenty-five years. More recently immune serum has been introduced. Both have much to commend them, neither can be depended upon for all cases, while immune serum is not always available. Because of these facts, any new agent promising relief is whole-heartedly received.

The product used in this series of cases was prepared by Sharp and Dohme in their Mulford Biological Laboratory. The product is standardized to include all the soluble

protein of approximately 20,000 million organisms to each c.c. It is distributed in 5 c.c. stopper vials. The product is non-irritating, and we found less objection from the little patients than is usual with the nose drops prescribed.

The number of treatments in this series averaged six per patient. Each patient received roughly the soluble antigen derived from 40,000 million organisms. This is of interest because Sauer in his vaccine for immunization uses a freshly prepared solution of 10,000 million organisms per c.c. He advises 8 c.c. be given divided in three doses over a period of three weeks, or the product of 80,000 million organisms. Our treatment delivered one-half this dose in one week.

We regret the absence of controls in this series. In several instances there were previous untreated patients in the same family. With two exceptions there were relatives or neighbors' children who were ill with the disease at the same time. Many of these we were able to contact. The parents of these children without exception felt the course of the disease was more severe and from one to three weeks longer in the untreated cases.

We were happy to note an absence of complications. A great many of our other patients with nasopharyngeal and upper respiratory infections were complicated with otitis media and glandular enlargement during this period. The one death from pneumonia may be excluded, for the infection was well advanced before treatment was begun. The clinical course of the small infants for whom therapy was begun early in the disease was gratifying.

Case Reports

Case 1.—Jean N., four years old, had been coughing for a period of six days. She had a paroxysm every half hour. For two days she had not been able to retain food. The following was prescribed: intranasal antigen 10 drops in each nostril every twenty-four hours and $\frac{1}{4}$ grain of luminal every four hours, with rest in bed. After the second treatment with antigen, the paroxysms were less severe and after the third dose, the number had decreased to four daily. Five treatments were given and by the end of the fourteenth day the cough which occurred was nonspasmodic. She continued to cough for nine days following the last dose of antigen.

Case 2.—Shirley N., aged six years, was a sister of Jean N. She began to cough on January 11. Antigen was begun at once. The mother and grandmother recall seven paroxysms. However, when the child was excited, a cough developed and this appeared at such times for a period of twenty days. During the first week cough plates were positive. Later ones were negative. In the second week her leukocyte count was 76,000, neutrophils 22 per cent,

small lymphocytes 72 per cent, eosinophils 1 per cent, transitionals 4 per cent, macrocytes 1 per cent. The father declares Shirley did not have whooping cough because of the mild course of the infection.

Case 3.—Mrs. J. N., aged sixty-four, was the grandmother of Jean N. and Shirley N. She had nursed the two children. She had never had the disease. On January 16 she started to cough. Whooping cough was not suspected as she had always had bronchial coughs during the winter months. On February 1 her daughter suggested antigen and started to treat her mother herself. She used 15 drops in each nostril since she had given 10 drops to the children. On February 3 there was a marked decrease in the severity of symptoms. When her daughter reported this experience to us, a blood count was asked for. The blood count read: Leukocytes 84,000, neutrophils 21 per cent, small lymphocytes 61 per cent, large lymphocytes 11 per cent, transitionals 4 per cent, eosinophils 2 per cent. She continued to cough for three weeks, but states the attack was less severe than her "usual winter cough."

Cases 4 and 5.—Mary Ann C. and Bill C., aged four and six years respectively, were exposed to whooping cough at a birthday party February 6. Because of the known exposure, the first symptoms were looked for. On February 14 intranasal antigen was started, both children coughed but no "whoop" was noted. A spasmodic cough occurred about two to three times a day. The night sleep was not disturbed. On February 19 a hard cough was obtained by tracheal compression and a positive culture returned on Bill. Mary Ann's cultures were negative. On February 26 blood counts were taken on both children. Mary Ann had a leukocyte count of 94,800 cells, neutrophils 18 per cent, lymphocytes 78 per cent, eosinophils 2 per cent, and transitionals 2 per cent. Bill's count was similar. The clinical course of both children was so mild that parents and neighbors doubted the diagnosis. This is significant because on February 28 a baby brother was born. Ten days after this event, the mother was advised to leave the baby at the hospital because of the probability of contracting whooping cough at home. This advice was not heeded. Three weeks later, on April 2, we were called to see the baby. The mother admitted having called another physician because the baby "got blue and almost choked." A thymus had been suspected and a roentgen treatment given. There was no change in the symptoms after this procedure. Antigen—10 drops in each nostril—was begun on the seventh day of cough. Seven doses were given at twenty-four hour intervals. The infant averaged five spasmodic attacks a day, began to gain after treatment was started, and made an uneventful recovery after twenty days.

Case 6.—Baby Bernard T., aged two months, had been ill for twelve days when first seen in consultation. A diagnosis of bilateral broncho-pneumonia and whooping-cough was made following clinical examination. The parents refused hospitalization because they could not afford an oxygen tent. The coughing was continuous, paroxysms occurring every fifteen to twenty minutes. The baby had not slept for three days. Antigen was given, no other change in the régime ordered. Six hours after treatment the baby slept for three hours. Antigen, 20 drops, was repeated in twelve hours. It was then given every twenty-four hours for eight doses. The baby died ten days later.

Case 7.—Max K., an eighteen-day old baby, was born at home where a little sister was recovering from a severe case of whooping cough. When first seen he had been ill for five days. He was unable to retain food and was one pound below birth weight. A paroxysm occurred every time the baby was moved or fed. Intranasal antigen, 20 drops, was begun March 3, and given daily for six doses. The

vomiting and cough decreased, but continued until March 26 when the mother reported that the infant had not coughed for twenty-four hours. The last ten days the infant averaged a daily 2 ounce gain.

Case 8.—Walter was six weeks old at the time of our first medical visit. He had been ill for a period of nine days. He was coughing at one-half hour intervals while awake. He could not nurse or retain feedings. We obtained a history of exposure to whooping cough through a neighbor's child. After intranasal antigen, 20 drops, daily for several days, the paroxysms were less severe, still occurring at one-half hour intervals. Eight doses of antigen were given. Although the cough lasted 28 days, the infection was uncomplicated. The father developed pneumonia during the infant's convalescence.

Cases 9 and 10.—Winifred S., seven years old, and Beth S., seven months old, had been coughing twenty and nine days respectively. They had visited a physician's office on two occasions but no cough was noted or elicited. There was no history of exposure to whooping cough. In spite of cough mixtures, Winifred showed no improvement. A blood count on Winifred was diagnostic. She had 120,000 total leukocytes and her differential showed 65 per cent small lymphocytes. Although it was late in the disease, the antigen was given: 20 drops intranasally. In twenty-four hours the symptoms were less severe. Treatment was continued for five days. She continued to cough for fifteen days.

The baby was having eleven paroxysms a day. After treatment with intranasal antigen, these were reduced to five. They were less severe. She was given six treatments. Her cough lasted 19 days after treatment was started.

Case 11.—Sally F., aged six weeks, was born into a family in which whooping cough had been affecting one or more of seven siblings for a period of three months. For the first few weeks the infant was well isolated. During the fourth week Sally was christened and the entire family attended this event. In spite of previous experience, Sally was coughing hard before it was reported. Treatment was started nine days after onset of cough. She received five doses of 20 drops a dose. Improvement was noticed following the third treatment. The total duration of illness after treatment was seventeen days. This compares favorably with the average period of thirty-eight days of cough experienced by her four sisters.

Cases 12 and 13.—Harold and Dorothy, twins, aged six years, were the children of a nurse who treated them herself symptomatically for eight days. At this time they were having a severe paroxysm every hour and a half. Both children averaged five paroxysms a night. Antigen was started on the eighth day. Each child received six treatments. At the end of the sixteenth and nineteenth day, respectively, no further cough was noted. Improvement was seen by the fourth treatment, with spasmodic coughing spells reduced to every four hours. The mother stated that although some paroxysms were severe after treatment, "they had lost their sharp edge."

Cases 14 and 15.—Billy F., aged four, and Marion, aged six, were sent to the home of a relative, while the mother was confined in the hospital. Both children were exposed to a neighbor's child. At the end of two weeks the family was reunited and a new baby brother had joined the family circle. There was no knowledge on the part of the parents of the children's exposure to whooping cough. Both children developed a "cold." Marion's exclusion from school by a school nurse was the first time whooping cough was suspected. Cough plates and later a blood count verified the diagnosis. Pertussis antigen was given to both children and was begun on the tenth day of Marion's cough. The spasmodic cough occurred every two hours and it was

very severe. There was very little change noted for four days so that she was put to bed and symptomatic treatment given. Billy fared better. He had had a frequent cough with a characteristic whoop for four days, but he did not vomit nor was he exhausted after each paroxysm. His cough lasted a total of twenty-two days.

The baby began to cough when five weeks old. Intranasal antigen was begun at once and given daily for four doses. The cough continued for 27 days, but at no time was it alarming. This was in marked contrast to the experience of a neighbor living in the same house upstairs with her nine months old baby. The neighbor's baby coughed at twenty to thirty minute intervals, was unable to retain food, did not sleep at night and lost weight rapidly. Sedatives were of little avail. Her physician gave her daily "shots" for twelve days. At the end of forty-two days, when we made a check visit on our patient, the little neighbor was "still coughing hard."

Cases 16, 17 and 18.—Jean, Edith and Beverly, age eight years, six years and six months, respectively, were sisters. Jean contracted whooping cough from her little playmates. When first called Jean had been coughing for fifteen days. Her spasms were very severe, occurring hourly. Edith was coughing five times a day and vomiting each time; she had been ill six days and lost 5 pounds. Baby Beverly had had two severe paroxysms in the last forty-eight hours. Neighbors' suggestions and every available cough mixture had been tried. Intranasal antigen was given at the time of the first medical visit. It was difficult to get Jean quiet long enough to give the treatment. After the first twenty-hour hours there was a marked change in the severity of the symptoms. Rest and inhalations may have been a factor in this case. Edith stopped vomiting after the third treatment. The baby did not have a hard cough after the third treatment. This group illustrates the advantage of early institution of therapy. The little playmate, from whom Jean contracted whooping cough, developed pneumonia, and later, empyema. She was hospitalized seven weeks. Beverly and Edith averaged twenty-five days of coughing. Jean coughed thirty-two days.

Summary

- * 1. Twenty cases of whooping cough treated with pertussis soluble antigen are submitted.
2. Nine patients were under a year of age, six under two months.
3. Nine patients were in the first week of the disease, seven were in the second week of illness and four were ill over fifteen days when treatment was started.
4. The antigen, 10 drops in each nostril, was given daily from four to nine times, the majority receiving six doses.
5. Marked improvement was noticed in ten cases, or 50 per cent; definite improvement occurred in eight cases, or 40 per cent; questionable or no improvement in two cases, or 10 per cent.
6. The clinical improvement noted among the majority of patients receiving pertussis soluble antigen was encouraging and warrants its further trial and use by others.

AUTOGENOUS VACCINES IN HAY FEVER*

W. C. BEHEN, M.D.
LANSING, MICHIGAN

This paper is a preliminary report of my experience with the use of autogenous vaccines in the treatment of unselected cases of hay fever of varying degrees and the clinical results obtained. About one-third of these hay-fever cases were associated with hay-fever asthma. Three years ago, while using autogenous vaccine in the treatment of sinusitis, I was impressed by the fact that some of these patients, who also suffered from hay fever, were apparently relieved from their hay-fever symptoms. In the fall of 1934, selecting eight patients who had been treated by the pre-seasonal hay-fever vaccine without results, I used autogenous vaccine. Seven were completely relieved from their symptoms in from two to six treatments; one showed some improvement. Of the seven, six showed only slight or no symptoms for two years. Of twenty-five cases treated in 1935, twenty patients, or approximately 80 per cent, showed marked improvement, three showed some improvement, and two showed no improvement. Of eighty cases treated in 1936, seventy-two, or 90 per cent, showed marked improvement—six patients showed some improvement and two cases showed no improvement. Relief was obtained in many cases after the first three or four injections.

It seems that the more severe the hay fever, and especially when associated with asthma, the greater the relief experienced. No attempt at pollen desensitization was made, although many of these patients had had this done in previous years without relief.

The vaccine is prepared from the nasal discharge during the hay-fever season, and it is given subcutaneously in varying doses from one-eighth to two cubic centimeters, depending upon the reaction, at intervals of two or three days and continued until relief is obtained. In many cases this was obtained in three or four doses, following which doses were given at longer intervals to maintain their action. No treatments are given two days in succession, as the negative phases develop the day following an injection, during which time the patient does not respond to vaccine stimulation.

The vaccine is not used in pre-seasonal doses, as its object is to control acute exacerbation during the hay-fever season. Only a few local reactions and no general reactions resulted from these treatments. The average age of the patients was thirty-three; the

youngest patient was five and the oldest sixty-six. I sent out questionnaires to these patients, following the season, requesting a history of their case. I received about twenty-nine letters, of which twenty-five were definitely favorable, three uncertain, and one unfavorable.

A review of the literature supplied by the library of the American Medical Association and from what I have been able to find in texts, shows a surprising scarcity of reports on this form of treatment.

1. Cox in *The Military Surgeon* shows 78 per cent of thirty cases of nasal allergy cured by this form of treatment.

2. Mackey in *The British Medical Journal* reports 66 per cent cure in seasonal nasal catarrh.

3. Fitzgerald in the *Medical Journal of Australia* reports seven cases cured.

4. Ballinger in his book, "Diseases of the Nose, Throat, and Ear," reports several cases of hay fever cured by autogenous vaccines.

5. Hansel in his book on "Allergy of the Nose and Paranasal Sinuses" states that, "as yet, no comprehensive reports have been published on the use of autogenous vaccine in nasal cases," but mentions their value in cases of bacterial allergy.

I shall not attempt to explain the results which I have had in many cases except that they are probably due to an immunization process on the basis of bacterial allergy. I realize that this treatment is still experimental, but feel that the results obtained are sufficient to warrant the continued use of autogenous vaccines. It is probable that a combination of this form of treatment with pollen and associated allergen desensitization will effect satisfactory results in cases not helped by either alone.

*Read before the staff of the Sparrow Hospital, Lansing, June 1, 1937.

Summary

1. Many of these patients had received pollen desensitization treatment in previous years without success.
2. The treatments are usually of shorter duration than the pre-seasonal treatments.
3. Seventy-two per cent treated three

years ago were apparently symptom-free for the past two years. Sixty per cent of the patients treated two years ago were symptom-free last year.

4. The vaccine produces, in addition to direct, also a "collateral" immunization in a small percentage of cases.

Complications of Peptic Ulcer and Their Treatment: Clinical Lecture at Atlantic City Session

FRED H. KRUSE, San Francisco (*Journal A. M. A.*, Sept. 11, 1937), considers briefly the most common complications of peptic ulcer. 1. In the University of California Hospital series of 575 cases of peptic ulcer recently reviewed, hemorrhages occurred in 28 per cent of the cases of duodenal ulcer and in 28 per cent of the cases of gastric ulcer. When a chronic peptic ulcer bleeds, the source of the blood is generally small blood vessels, most frequently an artery that has become eroded. In cases of massive hemorrhage, a ruptured vessel on the lesser curvature or posterior wall of the stomach or on the posterior wall of the duodenum is usually the cause. The tendency to bleed is frequently a characteristic of the individual patient due to early scurvy or a so-called bleeding diathesis not directly related to any demonstrable blood dyscrasia. Experience teaches that the treatment of moderate or even of extensive hemorrhage should be medical. 2. When alkalosis develops in the course of intensive treatment with alkalis, symptoms may occur from the first to the fourteenth day, though they are generally noted from the fifth to the tenth day. Occasionally these symptoms disappear spontaneously. The treatment would appear to be obvious. Occasionally death ensues, but, as a rule, the symptoms never become very severe if recognized reasonably early, and they disappear rapidly when the administration of alkalis is discontinued. 3. As judged by some form of retention of barium sulfate or food in the stomach beyond the normal time, 51 per cent of peptic ulcers show some obstructive characteristics, yet further analysis of these cases indicates that organic factors producing chronic obstruction exist in only about 20 per cent. Obstruction in cases of peptic ulcer may be acute and temporary of chronic and prolonged. All grades of obstruction are produced by the varying factors of (1) spasm, (2) edema and inflammation or (3) the more permanent type of pyloric fibrosis and hypertrophy. Patients in whom this syndrome develops should be placed at rest in a hospital. Evacuation of the stomach by tube, a dietary regimen and medical management should be instituted. As soluble alkalis may be contraindicated because of alkalosis, they should be used with great caution; the neutral or tribasic powders may be used instead. 4. Hypersecretion, with its typical accompaniment of nocturnal pain and

the duodenal syndrome, is practically always associated with the circumstances described in the discussion of obstruction. Duodenal ulcer and obstruction of some type are the usual causes; but now and then one encounters an unusually "hypertonic" person with marked peristalsis, a neurotic make-up and excessive pylorospasm who exhibits functional influences to a marked degree without much evidence of six hour retention of barium sulfate. In such a case, rest in bed, management of the ulcer, evacuation by tube at night and liberal use of derivatives of belladonna and sedatives are necessary for control. 5. Peptic ulcers perforate or break through the parietal peritoneum in various ways. Perforations are designated acute, subacute or chronic. The first type is sudden and dramatic; the last is insidious and hardly recognizable clinically. Immediate surgical intervention is imperative for acute perforation (4 per cent), and the mortality should not exceed 5 per cent in patients operated on within eight hours of perforation. After eight hours, the mortality rises rapidly. Subacute and chronic perforation occurred in ninety-two, or 16 per cent, of the 575 cases. Although subacute perforation presents symptoms identical with those of acute perforation, they are less intense. The shock is less. The temperature is not subnormal. From the first rigidity and tenderness are most marked in the neighborhood of the ulcer, and after some hours they generally become localized in the right upper quadrant, simulating the signs of acute inflammation of the gallbladder, for which the condition is often mistaken. No symptoms of general peritonitis develop, but a localized abscess may form later. Usually if the patient is starved and kept quiet all the symptoms subside, and in twenty-four hours he is fairly comfortable, although local pain and tenderness and a certain amount of rigidity may persist for days and even continue until a local abscess is drained. If this is present it should be allowed to wall off first. It is usually best not to operate unless later developments indicate the need clearly. Chronic perforation occurs only in cases of old, chronic ulcers, and it is often very difficult to tell whether one is dealing with only a deep crater or penetration into the wall of the viscus or whether the ulcer has completely passed through the organ, with a walled off perforation beyond. Roentgenograms are the only diagnostic resource with any degree of certainty. The treatment is usually medical or whatever is needed for the type of chronic ulcer found.

THE JOURNAL

OF THE

Michigan State Medical Society

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NOVEMBER, 1937

*"Every man owes some of his time to the up-
 building of the profession to which he belongs."*

—THEODORE ROOSEVELT.

EDITORIAL

SEVENTY-SECOND ANNUAL MEETING

IT seems to be a yearly custom among medical editors to proclaim the latest annual meeting of the state medical society as the greatest in the history of the society. To make a similar remark now may appear to our readers like the old cry of "wolf! wolf!" and perhaps little heed will be taken of the statement by those who were absent from the annual meeting. The best of weather greeted the Grand Rapids convention. Members of the Kent County Medical Society were one hundred per cent efficient as entertainers, and this includes also the Kent County Woman's Auxiliary in their entertainment of the wives of visiting physicians.

An innovation this year was the substitution of general sessions for the various sec-

tion sessions. It might be thought that those whose interests are limited to a single specialty would not take in the entire program. This was true, probably, to a certain limited extent. The large hall in the Civic Auditorium, however, appeared comfortably filled with listeners most of the time, and during the last half day, when members usually feel the necessity of getting back to their practices, the hall was filled and practically no one left until five o'clock. There is a feeling among the profession, particularly with the specialist who limits his work to a particular region of the body, that these general sessions present an opportunity to keep up to date in regard to the general field of medicine and surgery.

During the coming months, many of the papers presented will appear in this JOURNAL. Some will not, however, since they were presented as extemporaneous discussions of lantern slide data. We would say that this latter method is an easy matter for speakers, that is, easier than the preparation of a well composed paper, but it is not so valuable to an audience who otherwise look forward to a leisurely perusal of his prepared paper in THE JOURNAL. We would advise, therefore, that in the future meetings, speakers present a summary of their remarks for publication. However, a considerable number, over half, will appear in subsequent numbers of this JOURNAL. The leader in this number of THE JOURNAL is the excellent paper by Dr. Elliott P. Joslin of Boston, Clinical Professor of Medicine, Harvard Medical School, on the subject of "The Diabetic Problem as Influenced by Protamine Insulin."

SOCIALIZED MEDICINE AGAIN

RECENTLY Detroit had a guest speaker in the person of Dr. John A. Kingsbury, at a dinner of the Michigan Conference on social work. According to the summarized newspaper report, Dr. Kingsbury made a statement that only a small minority of our people who are rich and those at least moderately well-to-do can afford to be healthy. Dr. Kingsbury declared that only families earning \$3,000 a year or more could budget individually against sickness, inasmuch as the minimum cost of living per family in the United States was between \$1,400 and \$2,100 a year. According to Dr. Kingsbury, ninety-two per cent of the popu-

JOUR. M.S.M.S.

lation of Michigan had incomes of \$1,335 for farm families or \$1,916 for families not engaged in agriculture, and he is quoted further as saving, "The time is rotten ripe for a change from the present chaotic system of medical organization to an integrated health program for the nation."

The use of the term "rotten" signifies a certain emotional approach to the subject that hardly warrants a clear unimpassioned discussion. The peculiar thing about this almost wholly onesided presentation of the socialization of medical practice is that little or none of it comes from the people who, it is presumed, would be the beneficiaries of such a scheme. One would think that in this whole wide land, the population at large would be vocal for it and not leave it to a few so-called foundations or self-appointed advocates.

We believe that the vast majority of people in the United States still do not wish to be regimented, but in a sense wish to work out their own destiny. Perhaps this is the reason that socialism has not taken a very deep root in our soil. Many self-appointed advocates of socialization of medicine point to the countries of Europe as their ideals of progressiveness. Distant fields to them look green.

With all the alleged stand-patism in medicine (using the expression of the social reformer), according to Dr. Lester Samuels, superintendent of the Van Wyck Hospital, Jamaica, himself a graduate and fellow of the Royal College of Surgeons of England, America is ten years ahead of Europe in surgery, and he further goes on to say that many post-graduate schools in Europe are merely commercialized propositions and American doctors will do better to stay at home and study at their own excellent medical centers. The socialization of medicine in some European countries has apparently not improved its quality. It would be interesting to know how it is accepted by the citizens of the totalitarian state, were they free to express themselves.

SULFANILAMIDE

THE proprietary elixir of sulfanilamide has, within the past few weeks, achieved a bad reputation, not only in medical but in the lay press as well. A large percentage of patients to whom this elixir has been administered have died from anuria. Efforts have been made to procure any stock in the

hands of distributors in this state to prevent any further untoward mishaps from the administration of the drug. According to tests made by the chemical laboratory of the American Medical Association, the elixir of sulfanilamide appears to be a solution of approximately forty grains of the drug to a fluid ounce of an elixir containing about seventy-two per cent of diethylene glycol together with flavoring. Evidently the combination results in toxicity. The symptoms are given as follows: from twenty-four to forty-eight hours after the administration of the substance, the patient is seized with nausea, vomiting and a general feeling of malaise. This is followed within two to five days by complete anuria. As we go to press, further tests are being made at the laboratory of the American Medical Association for knowledge in regard to the toxic nature of the substance. It is almost needless to say that the cautious physician will refrain from the use of any preparation which has had the reputation of the elixir of sulfanilamide within the past few weeks.

It is such unfortunate instances that show the wisdom of the medical profession through their national association in the establishing of laboratories for the testing out of newly devised combinations in the way of therapeutic agents before employing them in the treatment of patients.

ANTI-VIVISECTION

THE *Manchester Guardian*, one of the highest grade journals of opinion in the English language, has been a weekly visitor to our office for a number of years. On the back cover is a large advertisement calling for support to the National Anti-vivisection Society of England. The anti-vivisectionist appears to have greater influence in England than in this country. The movement which is against animal experimentation is peculiar. The object of animal experimentation is the betterment of life and comfort, not only for human beings, but for the animals themselves. Both medical and veterinary science have been advanced through animal experimentation. It is inconceivable that we should have associated in the same person, namely, the animal experimenter, both cruelty and humanitarianism. Greater incompatibility could scarcely be imagined. The rat and guinea pig, both animals of low sensibility

and mentality, are by far the majority of creatures used for experimentation. One cannot imagine man treating his best friend among the lower animals, the dog, with cruelty. We do not believe it is done to any extent in this country or any other country, or that cutting operations are performed without anesthetics. Yet an anti-vivisection society in this country could embarrass the progress of medical and surgical science, which a member of the Royal College of Surgeons in England said was ten years ahead of anything Europe had to offer.

The humane spirit, together with fine discrimination (by which we mean that every novice should not engage in animal experimentation) will do a lot toward preventing the formation and growth of such an organization in the United States.

* * *

An elaborate brochure on the subject, Alcohol as a Food in Health, in Disease in Old Age, has arrived. In a word, the purpose of the pamphlet is to proclaim to the medical profession the merits, so-called, of alcoholic beverages in the treatment of disease, and so on. Each physician has his own opinion on the subject and the majority are probably correct even though opinions differ. The whole argument about alcohol calls to mind Hamlet's criticism of the player queen, "The lady doth protest too much, methinks." We have never considered alcohol much of a food. However, four reasons have been advanced as to why men drink:

- First, convivial friends,
- Second, good wine,
- Third, because they're dry,
- Fourth, any other reason why.

Medical Society Breaks into Print

The Sunday, September 26th *Detroit Free Press* published a sixteen-page supplement prepared by the Wayne County Medical Society. A committee of writers, all members of the society, were requested to write in non-technical language on the progress made in recent years in medicine, surgery and its allied specialties. The result was the *Free Press* supplement containing information on medical subjects for lay consumption. Mr. Lawrence C. Salter of the *Free Press* staff supplied the leavening by editing all the articles and curtailing them when writers showed a disposition to be verbose. We feel that the movement was timely and that it afforded information on subjects of health and medical progress which occupies the foreground of interest among people at large. Advertising matter carried in the supplement was in keeping with the ideals of the profession. In addition to an introductory article by Mr. Salter, Mr. James Bechtel, executive secretary of the Wayne County Medical

Society, contributed a write-up of the history of the society.

The front page contained a glowing tribute to medicine by Mr. Malcolm Bingay. Mr. Bingay has pictured the doctor at his best; he has presented an ideal towards which every member of the profession should aim. We like this sentence in particular, "He sees life from the first feeble cry to the last sigh, and though often he shields himself with a protecting crust of cynicism, deep down in his heart, he walks humbly with God." What better tribute could anyone wish. May we deserve it.

Science and Democracy (*New York Times*)

Science as we know it is the child of democracy. Freedom of thought and of expression is the essence of both—a heritage from the British and French revolutions. That freedom is in peril. In none of the totalitarian States may an authority in any branch of science utter theories that conflict with the views of the ruling dictator on man's place in nature, society or the laboratory. Organized British science is alarmed. But not sufficiently alarmed, in the opinion of Mr. Ritchie Calder, a well-known journalist of London. He addresses an open letter to Lord Rayleigh, president of the British Association for the Advancement of Science, and demands an active coöperative participation of scientists all over the world in solving the problems that confront society.

To most of us science means medicine, and hence better health; observatories, and hence more knowledge about the stars; agricultural experiment stations, and hence better plants and animals; chemical laboratories, and hence compounds that outdo nature's. It stands for much more. Its triumphs are impossible without perfect objectivity, a separation of hopes and desires from the things studied. It is primarily an attitude, perhaps the most important mental acquisition of man. Because of this attitude it is democratic. It knows no creed, no country. It achieves the only true internationality the world has ever known and thereby presents striking evidence that men can sink their differences of opinion and their passions and work for a common cause.

Food for Thought (*Manchester Guardian*)

To keep an open and a lively mind is at least as important a factor in longevity as the keeping of a healthy stomach. Against serious organic trouble there may be no defence. But my observation of life is that people who age quickly (apart from such organic collapse) are those with one-track minds, lacking curiosity and excitement. I recently met a man who looks like fifty-one, eats and drinks like thirty-one, and is, in fact, seventy-one. He has had the fortune to be an intellectual worker and the ability to carry his work on in all sorts of fields of activity. His work has not been too intense, although the results have been prolific. His strength is never to be, for one minute, bored. To have queer and constant and stimulating food for thought is at least as important as to have food for the stomach which has been approved by the entire faculty of medicine—if any such there be.

"My dear, have you met with an affliction?" asked a friend of the widow in weeds.

"Yes, I have lost my husband."

"Was he insured?"

"No, he was a total loss."

President's Page

"HEALTH INFORMATION?—CONSULT YOUR PHYSICIAN"

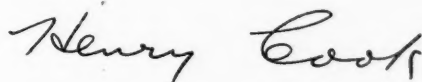
HERE is a project for every County Medical Society, yes, for every individual physician, to undertake this year—immediately. That is, to teach all parts of the population to consult physicians on health matters.

"Know thyself" is a maxim which applies particularly in medicine; there is not a single mortal in this state or country who is not interested in that precious body of his. It therefore is the opportunity, if not the duty and obligation, of each doctor of medicine to bring this message to every individual member of his community: "Mr. Citizen, what do you want to know about *yourself*?"

People must be encouraged to freely ask a physician, especially their family doctor, concerning any phases of preventive and curative medicine. After all, who else is better qualified to give this information to the public?

On the other hand, physicians must find out from the people just what they want, and then by every possible avenue, see that the public is supplied with what it desires. Obtain the people's confidence and give them what they want, and no group need have any fear of revolutionary evolution. Our present day problem is that of getting the ear of the people and of devising ways and means for better and better distribution of the facilities we have to offer. In the past, a large percentage of the people have not been taught to consult physicians, so this is *your* major project today. As the direct result of these consultations, physicians can learn what the people want, and through the county medical societies, put into operation, plans to provide good and sufficient medical care for the entire population, so financed that all groups, especially those persons in the low-income group, will be thoroughly satisfied with the orderly conduct by the physicians themselves, of their own business—that of providing medical service.

Take up this project *now*!



President of the Michigan
State Medical Society



COLLECTION AGENCIES

BY ALLISON E. SKAGGS AND HENRY C. BLACK

IN a previous article we discussed the handling of delinquent accounts, summarizing the technic of collection follow-up in attempting amicable arrangements for settlement. When all such efforts on the part of the doctor have failed to get a response from the debtor it becomes necessary to place the accounts with a collection agency or an attorney specializing in collections to enforce payment. It is in the choice of the collection agency to use that doctors often come to grief, and some discussion of what constitutes a collection agency and the law regarding them would seem to be in order.

Michigan Law requires that any firm, corporation, or person (except attorneys) who accepts or solicits accounts for collection be bonded to the State in the sum of \$5,000.00 as a guarantee of integrity in the handling of money so collected. Every city of fair size has one or more such firms and with few exceptions they are honest and reliable in their dealings. Many agencies keep clients' funds in a separate trust account, remit together with a statement the first of every month, require no documentary signature on account lists, charge a fair commission, and give good service year after year. Such agencies deserve the doctors' business and are not to be confused in any way with those unscrupulous organizations with one of which most doctors have had unpleasant experience.

The head of a prominent collection agency said the other day, "Tell the doctors if some one wants them to sign something in order to have their accounts collected, to look out." He was referring to "trick" contracts which have been featured by certain large corporations usually centered in a large and distant city and which have been in the habit of soliciting business particularly with doctors and with invariably bad results. Not only do the doctors fail to get checks for money collected, but the roughshod methods used in many cases seriously damage their practice. Some of these very agencies have posted their bond as the law requires, but the fine print in the wording of

their contracts is so designed as to make their operation within the law, and once the doctor has listed the accounts and signed the contract there is nothing he can do about it. These firms frequently employ a local man with a good circle of acquaintances as solicitor, and are thus able to get accounts from many of his friends before he finds out that the firm's methods are questionable.

It is a common occurrence for some doctors to allow a worthy but needy patient to work out an account by collecting some old accounts. Sometimes good results are obtained, but often the arrangement becomes unsatisfactory because of the inexperience of the amateur collector and his more or less slipshod methods of handling money collected. The fact that he is not bonded, has no access to change of address files, and feels the job is only temporary anyway, often leads eventually to an unsatisfactory conclusion of the arrangement.

In summarizing these comments on collection agencies, let us say that it is usually well to be guided by the following suggestions:

1. Whenever possible, place your accounts with a local agency.
2. No matter what the recommendations, do not sign collection contracts unless you thoroughly understand them, usually they are unnecessary.
3. Use only regular bonded collectors; their experience is valuable.

Serum Carotene in Diabetic Patients with Clinical Evidence of Carotenemia as Determined by Photo-electric Colorimeter

George H. Stueck, Gerald Flaum and Elaine P. Ralli, New York (*Journal A. M. A.*, July 31, 1937), determined the serum carotene in thirteen diabetic patients with clinical evidence of carotenemia (pigmentation of the palms of the hands, soles of the feet or subconjunctival fat). The blood was taken three hours after the breakfast meal. The extraction of the serum was carried out as described by White and Gordon with 5 c.c. of serum. The serum carotene was above the normal in all the patients. The average serum carotene for the group was 0.392 mg., which was higher than in the previously reported group of diabetic patients. The higher level of serum carotene is consistent with the appearance of clinical carotenemia. The photo-electric colorimeter is a convenient and accurate method for the determination of carotene.

DEPARTMENT OF SOCIETY ACTIVITY

L. FERNALD FOSTER, M.D., Secretary

Council Chairman's

- - - Communication

BY-LAWS

THE honor of being president of the Michigan State Medical Society is bestowed on a member for his scientific contributions but especially for his past achievements for organized medicine. The By-laws formerly required him to continue these strenuous duties of reorganized medicine by visiting each county society once a year. This By-law was repealed at the recent meeting of the House of Delegates. This required other changes in the By-laws so the program of the Michigan State Medical Society should continue.

These By-laws affect the Councilor. His duties are broadened so that he becomes a General in his district. He is the organizer and peacemaker. He is given a free hand to organize and stimulate county societies. He must create friendship and good feeling among members. He is required to visit each county medical society, in his district, twice a year.

This cannot be done unless the county societies coöperate by putting their Councilor on their mailing list and seeing that he attends their meetings. They should hold regional meetings several times a year where the Councilor and regional member of the Public Relations Committee can explain to them the needs of organized medicine.

Help your Councilor so that his yearly report at the mid-winter meeting of the Council in January shall merit the proper award.

Your Councilor holds one of the most important offices in the Michigan State Medical Society. He is giving his time in your cause. Give him the response he desires and his labors shall not go unheralded.

Study the By-laws of the Michigan State Medical Society.

PAUL R. URMSTON, M.D.
Chairman of the Council

AN APPRECIATION

THE 1937 Annual Session is now a matter of history. With its passing, we record the reactions of all those who planned and participated in its deliberations and programs.

From the notable array of speakers who graced the scientific program we elicit an appreciation of the fine attendance and the courteous attention accorded them. From the officers of the State Society we hear expressions of appreciation of the prompt and consistent attendance of the members of the House of Delegates at the sessions of that body. From our Technical Exhibitors come the enthusiastic testimonials of gratitude for the splendid consideration given them by the attending physicians during the convention.

The large attentive audiences at the Scientific Sessions inspired the essayists to perfect the educational phase of the annual meeting.

The deliberations of the House of Delegates were carried out with a smoothness and dispatch which were a credit to the more than one hundred members of that body. The delegates took their task seriously and executed their deliberations with an attitude which indicated a detailed study of the questions before them.

For months a plea went forth to the members of the Society to visit and register at each exhibitor's booth. The response to these pleas was most gratifying and as a result much of value accrued to both the exhibitor and the physician—it developed good-will and friends.

At an annual session where so many innovations were inaugurated the expressions of appreciation so spontaneously made by all those who had any part in its development and execution are most significant. These appreciations are made sincerely to the twelve hundred members of the Michigan State Medical Society who attended the annual meeting. They testify to the interest of the physicians of Michigan in scientific medicine and all the other phases of organized medicine.

We thank you all and urge your continued interest in your State Society.

ANNUAL MEETING OF THE COUNCIL

September 26, 27, 28, 1937

HIGHLIGHTS:

1. Approval of \$500,000 Postgraduate Endowment Fund of Michigan State Medical Society.
2. Approval of Certificates for Postgraduate Work done by Michigan physicians.
3. Annual Convention set for Detroit, September 19, 20, 21, 22, 1938.
4. Executive Committee of The Council elected: Dr. P. R. Urmston, Chairman; Dr. Vernor M. Moore, Vice Chairman; Dr. A. S. Brunk, Chairman of Publications Committee; Dr. H. R. Carstens, Chairman of Finance Committee; Dr. I. W. Greene, Chairman of Publications Committee.
5. President Henry Cook's Committees for 1937-38 approved (126 members on M.S.M.S. Committees).
6. Teachers' Certificates to be presented physicians who give Social Hygiene Courses in Public Schools.
7. Copies of all medical bills, introduced into the State Legislature, to be sent to county medical societies.
8. The Council recommends to the House of Delegates that the dues be slightly increased, to retain position of Michigan State Medical Society.
9. Question of institutional practice by osteopaths is basis for judicial determination in Flint case, October 20.

First Session of the Council

1. *Roll Call.*—The Annual Meeting of The Council was called to order by Dr. P. R. Urmston, Chairman, at 8:27 p. m., in the Cascade Hills Country Club, Grand Rapids. Those present were: Drs. P. R. Urmston, F. T. Andrews, F. C. Bandy, Wm. E. Barstow, A. S. Brunk, H. R. Carstens, H. H. Cummings, I. W. Greene, Wilfrid Haughey, T. F. Heavrich, Roy H. Holmes, Harlen MacMullen, W. A. Manthei, J. Earl McIntyre, V. M. Moore, F. E. Reeder, B. H. VanLeuven, also President-Elect Henry Cook, Secretary L. Fernald Foster, Treasurer Wm. A. Hyland, L. W. Shaffer, A. V. Wenger, L. G. Christian, P. A. Riley, R. H. Pino, and Executive Secretary Wm. J. Burns. Absent: Councilor F. A. Baker.

2. *Council Duties.*—The Chair announced that he would appoint Drs. Greene, Andrews and Holmes as a Committee of The Council to study the various duties of The Council and see if it is doing sufficient work or too much; he requested the committee to report if possible at the next meeting of the Executive Committee.

3. *Minutes.*—The minutes of the meeting of The Council, August 11, 1937, were read and approved.

4. *Financial Report.*—The Financial Report was presented and discussed at length. The Executive Secretary was requested to present a breakdown of the current items into "General account," "Joint Committee account," and "Certificates of Deposit account."

Treasurer Hyland gave a report on the bond transactions of the year, and presented a list of the bond holdings of the MSMS and of the Medico-Legal Fund.

Bills Payable for the month were presented, studied, and approved, with a motion to pay same, by Dr. Andrews, supported by several. Carried unanimously.

5. *Medical Economics.*—Dr. Pino, Chairman of the Medical Economics Committee, suggested to The Council the possibility of changing the name of this committee to "Committee on Distribution of Medical Care." Motion of Dr. Carstens, supported by several, that The Council concurs in the suggested change of name of this particular committee, and

recommends consideration of this change by the House of Delegates. Carried unanimously.

The present efforts for a referendum on the Welfare Laws were discussed by Drs. Pino, Greene, Christian, et al.

The Council discussed the problem of medical care to old age pensioners, which is intimately tied up with the possible referendum on the Welfare Laws. It also discussed the Afflicted Child problem.

Dr. Pino was thanked for his presence and report.

6. *Syphilis Control.*—Dr. L. W. Shaffer, Chairman of the Committee on Syphilis Control, presented his report on recent activity, which was discussed by Drs. Holmes, Foster, McIntyre and Christian and others. It was recommended that Dr. Shaffer present his findings to the House of Delegates, especially with reference to the Prenuptial Physical Examination law.

7. *Contact with Parole Commission.*—Dr. Philip A. Riley, Chairman of the Contact Committee with Parole Commission, reported on the meeting with the Parole Commission and officials of the Corrections Department. The subject was further discussed by Drs. Foster, Cummings and others, and The Council referred the matter to Secretary Foster, to take up with the proper committee, and to report back to the Executive Committee of The Council at the proper time.

8. *Medico-Legal.*—Dr. E. F. Sladek reported on the Smiseth case, which was discussed generally by members of The Council. Motion of Dr. Reeder, seconded by several, that the problem be referred back to the Medico-Legal Committee for a legal opinion. Carried unanimously.

9. *Supplementary Report of The Council.*—The supplementary paragraphs in the Annual Report of The Council, as presented by Chairman Urmston, were read by Secretary Foster. Motion of Drs. Andrews-McIntyre that this Supplementary Report be incorporated in the Annual Report of The Council. Carried unanimously.

10. *Postgraduate Medical Education.*—Dr. Cummings presented a supplementary report of the Annual Report of the Committee on Postgraduate Medical Education. The Council recommended that Dr. Cummings present this supplemental report to the House of Delegates.

11. *Institutional Practice by Osteopaths.*—Dr.

JOUR. M.S.M.S.

SOCIETY ACTIVITY

Cook reported on the Hurley Hospital case: that the committee had selected Earl W. Murshaw of Grand Rapids as attorney in behalf of the MSMS, which is now a party-defendant in the case of Kesten v. Board of Hospital Managers for the City of Flint.

12. *Berrien County Problem.*—Councilor Andrews reported that Dr. W. C. Ellet of Benton Harbor wished to present concrete evidence to the Council on this problem.

13. *Attendance of Probationary Members at Annual Meeting.*—Dr. Andrews explained that in Kalamazoo some physicians who have applied for membership but who are kept on probation for one year, desire to attend the MSMS scientific sessions in Grand Rapids. Motion of Drs. Cummings-McIntyre that all bona-fide doctors of medicine who are serving as internes, residents, probationary or associate members of a county medical society be invited to attend the annual sessions of the MSMS. Carried unanimously. It was understood that all such doctors of medicine shall be certified and vouched for by the councilor or the president or the secretary of the county medical society.

14. *Cancer Committee.*—The request of the Cancer Committee that the expense of a dinner for its members, to be held in Grand Rapids, be paid by the MSMS, was discussed. It was felt this was a bad precedent, as other committees of the MSMS held meetings at the time of the Annual Meeting, and if the expense for one committee was to be paid, then all committees could request the same privilege. Motion of Drs. Heavenrich-Bandy that this problem be explained by the Executive Secretary to the Chairman of the Cancer Committee. Carried unanimously.

15. *Meetings in Detroit.*—The question as to whether the A.M.A. should be invited to hold its 1939 Annual Meeting in Detroit—whether the American Congress of Physical Therapy should be invited to hold its 1938 meeting in Detroit—whether the American College of Surgeons should be invited to hold its 1938 meeting in Detroit—all were referred to the House of Delegates.

16. *Resolution to President H. E. Perry.*—The absence of Dr. Perry was regretfully noted, and motion of Dr. McIntyre, seconded by several, that a resolution be conveyed to President Perry via telegram was unanimously carried.

A telegram of congratulations to Dr. George Kamperman, on his honor bestowed by the University of Michigan, was ordered dispatched.

17. *Dr. Baker Resigns.*—The Chair read a letter from Dr. F. A. Baker of Pontiac, Councilor of the 15th District until 1940, in which he resigned, due to the pressure of work. Motion of Drs. Andrews-McIntyre that the Council accept this resignation with deep regret, and feels sorry that the valued services of Councilor Baker on behalf of the MSMS cannot be continued. Carried unanimously.

18. *Courses in Social Hygiene.*—Secretary Foster read a letter from Dr. Eugene B. Elliott, of the State Department of Public Instruction, relative to the status of physicians who give courses in public schools in Social Hygiene, in accordance with the law passed by the 1937 Legislature.

19. *Press Committee of the House of Delegates.*—Speaker Reeder reported on the personnel of his Press Committee for the House of Delegates at the 1937 session, and asked advice as to whether they should be instructed in open meeting. The Council felt that the instructions to the Press Committee should be in open meeting at the House of Delegates.

20. *Copies of Medical Bills Introduced Into The Legislature.*—Dr. Carstens discussed the advisability of sending copies of all medical bills as introduced into the legislature to the secretaries of county medi-

cal societies—said copies to be sent by the Executive Office of the MSMS. Motion of Drs. Carstens-Heavenrich that this service be put into effect. Carried unanimously.

21. *Adjournment.*—Motion of Drs. Holmes-Greene that the Council adjourn. Carried unanimously. The Council adjourned at 12:23 A. M.

Second Session of the Council

1. *Roll Call.*—The meeting was called to order by Chairman P. R. Urmston in the Pantlind Hotel, Grand Rapids, at 7:00 p. m. Those present were: Drs. P. R. Urmston, F. T. Andrews, F. C. Bandy, Wm. E. Barstow, A. S. Brunk, H. R. Carstens, H. H. Cummings, I. W. Greene, Wilfrid Haughey, T. H. Heavenrich, R. H. Holmes, Harlen MacMullen, W. A. Manthei, J. E. McIntyre, V. M. Moore, F. E. Reeder, B. H. VanLeuven. Also Drs. Henry Cook, L. Fernald Foster, Wm. A. Hyland, P. A. Riley, Wm. J. Stapleton, Jr., A. V. Wenger, and Executive Secretary Wm. J. Burns.

2. *Postgraduate Endowment Fund.*—Dr. Cummings reported on the proposed postgraduate endowment fund of the Michigan State Medical Society—a fund of \$500,000 to be raised in five years, one-fourth of which would be assumed personally by Dr. J. D. Bruce, Vice President of the University of Michigan, Ann Arbor. Dr. Cummings stated that the physicians of the state should become interest men of wealth to leave money to this postgraduate fund. The matter was discussed by the Council, and referred to the House of Delegates.

The Council also suggested that Dr. Cummings explain to the House of Delegates the certificates for postgraduate work which are to be given in the future.

3. *Dues.*—In connection with the increased activities of the MSMS, the Council studied the matter of the necessity of a raise in dues. Motion of Drs. Holmes-McIntyre that The Council recommend to the House of Delegates that the annual dues be raised to \$2.00. The motion was carried. The matter was referred to the House of Delegates.

4. *Medico-Legal.*—Dr. Stapleton, Secretary of the Medico-Legal Committee, discussed the Smiseth case.

Motion of Drs. Carstens-McIntyre that the Executive Secretary of the MSMS be directed to ask the Secretary of the Medico-Legal fund regarding the exact dates, also to give Dr. Smiseth's full dues record, and also other pertinent facts and refer to the Executive Committee at a future meeting, and also to obtain a legal opinion from these facts. Carried unanimously.

5. *Investigators for Board of Health.*—The question as to whether the Health Commissioner of the State should be asked to use Social Security Funds, as is done in other states, to help eliminate quackery in Michigan, especially in rural areas, was discussed by The Council. President-Elect Cook and J. Earl McIntyre, Secretary of the State Board of Registration in Medicine, presented their views.

6. *Social Hygiene Courses.*—On motion of Dr. Brunk, seconded by several, a vote of thanks was placed on the records to Dr. Robt. S. Breakey and Dr. Harold A. Miller of Lansing for their help to the MSMS and the county medical societies in the preparation of outlines of lecture courses in Social Hygiene for presentation in public schools. Carried unanimously.

7. *Adjournment.*—Meeting was adjourned at 7:45 p. m., on motion of Drs. Holmes-Cummings. Carried unanimously. The Chair called the next meeting of The Council for Sept. 28 at 8:00 a. m. (breakfast).

COUNTY SOCIETIES

Third Session of the Council

1. *Roll Call.*—The meeting was called to order by Chairman P. R. Urmston at 8:30 a. m. in the Pantlind Hotel. Those present were: Drs. P. R. Urmston, F. T. Andrews, F. C. Bandy, W. E. Barstow, A. S. Brunk, H. R. Carstens, H. H. Cummings, I. W. Greene, Wilfrid Haughey, T. F. Heavenrich, R. H. Holmes, V. M. Moore, F. E. Reeder, E. F. Sladek, B. H. VanLeuven, Henry Cook, L. Fernald Foster, Wm. A. Hyland, and Executive Secretary Wm. J. Burns.

Absent: Drs. Harlen MacMullen, W. A. Manthei, J. E. McIntyre.

2. *Committees for 1937-38.*—President Cook presented his appointments to the committees of the MSMS for 1937-38, which were discussed. Motion of Drs. Heavenrich-Cummings that the appointments as made be endorsed by The Council. Carried unanimously.

3. *Reorganization of The Council.*—(a) Dr. P. R. Urmston was reelected as Chairman of The Council on nomination of Drs. Greene and Brunk, with motion of Drs. Heavenrich-Barstow that the nominations be closed and the Secretary be instructed to cast the unanimous ballot for Dr. Urmston.

(b) Dr. Carstens was nominated as Vice Chairman of The Council, by Drs. Andrews and Greene; Dr. Carstens withdrew.

Dr. Heavenrich was nominated as Vice Chairman, by Drs. Carstens-Haughey; Dr. Heavenrich also withdrew.

Dr. V. M. Moore was nominated as Vice Chairman, by Drs. Holmes-Heavenrich; motion of Drs. Heavenrich-Cummings that the nominations be closed and that the Secretary be instructed to cast the unanimous ballot for Dr. Moore as Vice Chairman of The Council. Carried unanimously.

(c) Dr. Carstens was nominated as Chairman of the Finance Committee by Drs. Holmes-VanLeuven, who made the motion that the nominations be closed and that the Secretary be instructed to cast the unanimous ballot for Dr. Carstens. Carried unanimously.

(d) Dr. Greene was nominated as Chairman of the County Societies Committee by Drs. Barstow-Brunk, who made the motion that the nominations be closed and the Secretary be instructed to cast the unanimous ballot for Dr. Greene as Chairman of the County Societies Committee. Carried unanimously.

(e) Dr. Brunk was nominated as Chairman of the Publications Committee by Drs. Bandy-Carstens. Motion that the nominations be closed and the Secretary be instructed to cast the unanimous ballot for Dr. Brunk as Chairman of the Publications Committee. Carried unanimously.

4. *Place and Time of Annual Meeting, 1938.*—This matter was discussed and on motion of Drs. Carstens-Riley was referred to the Executive Committee of The Council. Carried unanimously.

5. *Investigator for Board of Registration in Medicine.*—This matter was discussed by the Council and on motion of Drs. Carstens-Haughey was referred to the Contact Committee to Governmental Agencies. Carried unanimously.

6. *Nursing School Situation.*—This problem was discussed by the Council, and on motion of Drs. Carstens-Holmes the President was empowered to contact Nurses' Association so it could make a study, and to present recommendations at the next meeting of the Executive Committee of The Council. Carried unanimously.

7. *Vote of Thanks.*—A vote of thanks was expressed by The Council to all speakers on the pro-

gram of the Annual Meeting in Grand Rapids, to the Kent County Medical Society as host, to the Local Committee on Arrangements, the Grand Rapids Chamber of Commerce, the Press Committee and newspapermen and to all who in any way helped make a success of the 72nd Annual Convention.

8. *Adjournment.*—The meeting was adjourned at 10:40 a. m. The chair thanked all.

COUNTY SOCIETIES

BAY COUNTY

A. L. ZILIAK, M.D.

Secretary

On Thursday evening, October 7, Dr. Morris Fishbein, Editor of the *Journal of the American Medical Association*, addressed a public dinner meeting at the Wenonah Hotel, Bay City. Dr. Fishbein took for his subject "Changes in our Social Trends." Over three hundred attended the meeting which was sponsored by the Woman's Auxiliary of the Bay County Medical Society.

Dr. Fishbein traced the changes in our social order since 1890, showing the advances made along medical lines and the resulting increase in the costs of medical care, particularly those due to the necessary and more elaborate tests and the more expensive appurtenances to the modern practise of medicine. He compared the costs of complete medical services to those of luxuries and other necessities of life.

In addition to the local Auxiliary of which Mrs. A. L. Ziliak is president, Mrs. A. V. Wenger, immediate past-president of the State Auxiliary, Mrs. G. C. Hicks, state president and Mrs. Carl Snapp, past treasurer were present. Mrs. L. C. Harvie, president of the Saginaw Auxiliary, and Mrs. F. L. Morris, president of the Tuscola Auxiliary, were also present.

Dr. A. D. Allen, president of the Bay County Medical Society and Dr. L. C. Harvie, president of the Saginaw County Medical Society, together with Dr. L. Fernald Foster, secretary of the Michigan State Medical Society and Dr. P. R. Urmston, chairman of the Council, were present. The meeting was opened by Mrs. A. D. Allen, vice-president of the Bay County Auxiliary.

GOGEBIC COUNTY

F. L. S. REYNOLDS, M.D.

Secretary

The Officers of the Michigan State Medical Society were guests of honor at a "State Society Night" held in Ironwood on August 23, 1937. Dr. C. C. Urquhart, president, welcomed the guests and turned the meeting over to Dr. Henry E. Perry of Newberry, president of the State Society.

Dr. Louis J. Hirschman of Detroit, past president of the Michigan State Medical Society, outlined the "Activities of the American Medical Association." Dr. Roy H. Holmes of Muskegon, counselor of the Eleventh District, discussed the Afflicted and Crippled Child laws. Wm. J. Burns, Lansing, executive secretary of the State Society, spoke of recent "Legislative Activity." Dr. L. Fernald Foster, Bay City, secretary of the Michigan State Medical Society, discussed "Organization, and the State Society Annual Meeting."

Among those present were Drs. M. A. Gertz,

JOUR. M.S.M.S.

COUNTY SOCIETIES

D. C. Pierpont, D. C. Eisele, H. L. Sarvela, T. S. Crosby, C. C. Urquhart, W. E. Tew, and F. L. S. Reynolds.

INGHAM COUNTY MEDICAL SOCIETY

R. J. HIMMELBERGER, M.D.

Secretary

The Ingham County Medical Society resumed activity after a two months vacation by meeting at the Elks Home in Lansing on September 21, 1937. There were eighty-nine members and seven guests present at dinner.

Following the dinner and preceding the business meeting, Dr. C. S. Davenport showed the movies taken at the 1934, 1935, 1937, Stag Day parties staged by the Society.

Following the movies, Dr. Milton Shaw, president, called the meeting to order.

The minutes of the last meeting were approved as printed in the BULLETIN. During the business meeting, Dr. Lawrence Drolett was elected to active membership and Dr. Freeman Harrold to associate membership.

The president drew the Society's attention to the weekly postgraduate clinics being held in Lansing and Jackson and to the Annual Meeting of the State Society in Grand Rapids the last week in September.

It was announced that Dr. A. M. Campbell was a patient at Mayo Clinic.

The society went on record as backing Dr. Leo Christian for delegate to the American Medical Association and instructed the delegates to work for his election.

The delegates were also instructed to notify the House of Delegates that this society was willing to cooperate with the State Society in its Venereal Disease Control Program.

Following the business meeting the president introduced Dr. Fred Drolett of Lansing who read a paper on "Economic Problems."

The paper was very timely and provoked much discussion which continued long into the night.

IONIA-MONTCALM COUNTY MEDICAL SOCIETY

JOHN J. McCANN, M.D.

Secretary

The Ionia-Montcalm County Medical Society was host to the officers of the Michigan State Medical Society at a "State Society Night" held in Ionia on Tuesday evening, October 12. Dr. L. E. Kelsey, president, called the meeting to order following dinner which was served in the Reed Inn. After a brief business session, Dr. Kelsey turned the meeting over to Dr. Vernor M. Moore of Grand Rapids, councilor of the Fifth District, who acted as toastmaster.

Dr. Moore called upon Dr. Henry Cook of Flint, new president of the State Society. Dr. Cook spoke on "The Program of the Michigan State Medical Society."

Dr. P. R. Urmston of Bay City, chairman of The Council, spoke on the "Functions of The Council."

Councilors F. T. Andrews of Kalamazoo, representing the Fourth District, and W. E. Barstow of St. Louis, representing the Eighth District, were introduced by Dr. Moore.

Wm. J. Burns, executive secretary of the State Society, was called upon for a few remarks. Mr. Burns spoke briefly on "The Making of Laws."

NOVEMBER, 1937

Special guests of honor were Senator D. Hale Brake of Stanton and Representative M. Clyde Stout of Ionia. Both Senator Brake and Representative Stout were called upon and each responded with a brief talk.

Dr. L. Fernald Foster, Bay City, secretary of the State Society, discussed "Organization and Integration."

Approximately fifty members and guests were present.

ST. CLAIR COUNTY

GEORGE M. KESL, M.D.

Secretary

The regular meeting of the St. Clair County Medical Society was held Tuesday, October 5, 1937, at Port Huron Hospital. Supper was served to twenty-two members and guests. An additional number of members attended the meeting afterwards. The guest speaker of the evening was Dr. T. J. Heldt, Physician in Charge, Department of Neuropsychiatry of the Henry Ford Hospital, Detroit.

President-elect C. A. Macpherson of Saint Clair was in the chair in the absence of president Howard O. Brush who is abroad engaged in postgraduate work. The minutes of the special meeting of September 24, 1937, were read and approved as read. The Chair called the attention of all members present who had not attended the special meeting to a certain motion adopted at that meeting. Dr. Macpherson asked that all such members voice their approval and give heed to the matter. Dr. A. L. Callery, delegate to the State Society, gave a brief but comprehensive account of the annual meeting at Grand Rapids, touching upon those points of interest and importance to the rank and file of the profession. Dr. Heavenrich announced a dinner to honor Dr. Handy of the Tuscola County Society to be held at Caro on October 7, 1937, and urged any members of the medical profession who possibly could to attend the meeting.

The Chair asked Dr. D. J. McColl to introduce Dr. Heldt, who addressed the Society upon the subject, "Sedative Drugs and Their Pitfalls". The speaker stressed the need on the part of the physician to select sedatives with care, selecting those of low toxicity and those whose sedative or hypnotic effect became readily discernible. He pleaded for the use of the personality of the physician who had the confidence of the patient. He spoke with favor of barbitol, phenobarbital and sedormid as well as any of the sedatives containing the allyl or carbamide radicals and urged caution with nembutal and allonal. The speaker urged caution in the use of morphin. After a discussion a rising vote of thanks was tendered Dr. Heldt.

Giving the Tooth a Rest: Faith Curist: "Pre-tend that you have no toothache. Persuade yourself that it is all imagination, suggested by an evil power. Say: 'Get thee behind me!'"

Patient: "What, and turn it into lumbago?"

—*Calgary Herald*.

Mrs. Robert Katz telephoned her husband that she would call for him at the office. Not finding him there, she looked in at the barber's shop on the floor beneath.

"Bob Katz here?" she asked.

"No, madam," replied the indignant barber. "We certainly do not bob cats here."

WOMAN'S AUXILIARY

OFFICERS OF WOMAN'S AUXILIARY TO MICHIGAN STATE MEDICAL SOCIETY

1937-1938

President, Mrs. G. C. Hicks
1009 Wildwood Avenue, Jackson, Mich.

President-Elect, Mrs. P. R. Urmston
1862 McKinley Avenue, Bay City, Mich.

Vice President, Mrs. L. G. Christian
606 Townsend Street, Lansing, Mich.

Secretary-Treasurer, Mrs. J. W. Page
119 N. Wisner Street, Jackson, Mich.

Past President, Mrs. A. V. Wenger
132 Grand Avenue, Grand Rapids, Mich.

Honorary President, Mrs. Guy L. Kiefer
148 E. Grand River Avenue, East Lansing, Michigan.

Standing Committees

Mrs. Robert Jeanichen, Program
906 Howard Street, Saginaw, Mich.

Mrs. A. L. Ziliak, Public Relations
200 Lincoln Avenue, Bay City, Mich.

Mrs. Henry J. Pyle, Organization
525 Morris Avenue, S. E., Grand Rapids, Mich.

Mrs. C. B. Fulkerson, Press
1535 Grand Avenue, Kalamazoo, Mich.

Mrs. L. G. Christian, Legislation
606 Townsend Street, Lansing, Michigan

Mrs. Ledru Geib, Revision
1411 Benshire Road, Grosse Point Park, Mich.

Mrs. L. R. Keagle, Hygeia
41 Garrison, Battle Creek, Mich.

Mrs. J. Earl McIntyre, Historian
600 Grand Avenue, Lansing, Mich.

Mrs. Elmer L. Whitney, Parliamentarian
18224 Wildemere, Detroit, Mich.

Advisory Council

Harrison S. Collisi, M.D., Chairman
148 Monroe Avenue N. W., Grand Rapids, Mich.

Florence Ames, M.D.
119 S. Monroe Street, Monroe, Mich.

Claire L. Straith, M.D.
1553 Woodward Avenue, Detroit, Mich.

Harold W. Wiley, M.D.
300 W. Ottawa, Lansing, Mich.

Gordon H. Yeo, M.D.
Big Rapids, Mich.

County Presidents

Bay County, Mrs. A. L. Ziliak
200 Lincoln Avenue, Bay City, Mich.

Calhoun County, Mrs. W. Leonard Howard
American Legion Hospital, Battle Creek, Mich.

Eaton County, Mrs. T. Wilensky
Eaton Rapids, Mich.

Ingham County, Mrs. T. P. Vanderzalm
113 S. Jennison, Lansing, Mich.

Jackson County, Mrs. John Ludwick
1010 W. Washington Street, Jackson, Mich.

Kalamazoo County, Mrs. W. W. Lang
218 Woodward Avenue, Kalamazoo, Mich.

Kent County, Mrs. Carl Snapp
980 Plymouth Road, Grand Rapids, Mich.

Oakland County, Mrs. Frank Gerls
536 N. Huron Street, Pontiac, Mich.

Ottawa County, Mrs. Ralph Ten Have
Sheldon Road, Grand Haven, Mich.

Saginaw County, Mrs. Lloyd Harvie
417 Ardussi Avenue, Saginaw, Mich.

Tuscola County, Mrs. F. L. Morris
Cass City, Mich.

Wayne County, Mrs. Roger V. Walker
1050 Parker, Detroit, Mich.

Monroe County, Mrs. Albert Reisig
609 Borgess Avenue, Monroe, Mich.



MRS. G. C. HICKS
President, Woman's Auxiliary to the
Michigan State Medical Society

PRESIDENT'S GREETING

IT IS WITH pleasure that I greet you at this time. I accepted the responsibilities of this office with the firm intention of carrying on its duties to the best of my ability. I am convinced that the co-

operation of the officers, standing committees, county presidents and the entire membership will be outstanding, making it possible to carry on a program comparable to that of our predecessors. I have had the pleasure of discussing auxiliary affairs with all the board members, and we will go forward with the true conviction that we will create a better fellowship among auxiliary members. If we accomplish this we cannot help influence the various societies for better. I am sure I bespeak all the leaders when I say our social program cannot be too extensive, but let it be educational also. In carrying out the educational part of the program, let us be ever mindful that we are an auxiliary presenting subjects pertinent to the purpose of our organization, and ever alert to the dictations of our parent body, the Medical Society as we extend our work beyond our own organization.

The profession of medicine is at the most critical period of its history. Dr. Morris Fishbein spoke at an open meeting sponsored by the Auxiliary to the Bay County Medical Society stating no nation ever had a revolution when the people were supplied with food, fuel, clothing, medical and dental care. These are the necessities of life. In tracing the progress of medicine from 1890 to the present day with staggering statistics, he stated further that the American people are not dissatisfied with medical treatment as given today. They are not desirous of a change until a better system is presented, and certainly "socialized medicine" is not the solution. The American people must be taught that the cost of medical care should be comparable to other expenses. America has the lowest death rate in the world. Indigent care in America surpasses that of any nation.

"Citadel," by Archibald Joseph Kronin and "Man

JOUR. M.S.M.S.

Breed and Destiny," by Clifford Cook Furnas are recommended for book reviews by Dr. Fishbein.

I urge each County President to secure for her use the "Handbook for Auxiliaries" which is printed by the Auxiliary of the American Medical Association. Send forty cents (40c) to cover cost of printing to Mrs. E. D. Lamb, Klamath Falls, Oregon. "The News Letter" is published quarterly and contains reports and other valuable information sent in by the Auxiliaries of the thirty-eight states which are organized. Send your subscription to Mrs. J. P. Simonds, 25 E. Walton Place, Chicago, Illinois, with one dollar (\$1.00).

As we begin the twelfth year of our existence, we can be proud of our membership of seven hundred ten doctors' wives. Two hundred seven registered at the Convention. From the National President, Mrs. Keck, comes an urge to work diligently to increase our membership. May our goal be one thousand members, which would mean an increase of some twenty odd for each of the thirteen auxiliaries.

We were far from meeting our quota of *Hygiea* subscriptions. As it is our greatest health educator, let us use every effort to place it in centers where it will meet every need.

Help meet the requests of the Press Chairman by getting your publicity to her before the seventeenth of each month. Dr. Dempster, Editor, advised "Don't sleep on it," i.e., write your notes for THE JOURNAL before you sleep on the day of your County Meeting.

Mrs. Henry J. Pyle, Organization Chairman, will be glad to hear from any group who wishes to complete organization.

Mrs. Robert Jaenichen, Program Chairman, has on hand much material for program building. She will be glad to give you information.

Keep your Scrap Books up to date and bring them to the Convention, which is to be held in Detroit next September.

A committee on Necrology with Mrs. J. H. Dempster, 5761 Stanton Avenue, Detroit, Michigan, as Chairman, and Mrs. F. T. Andrews, 2325 Crane Avenue, Kalamazoo, Michigan, has been appointed. Send obituary notices to the committee to be printed in THE JOURNAL.

MRS. G. C. HICKS, *President*.

Saginaw County

Plans for the year's program were discussed Tuesday evening at the meeting of the Saginaw County Medical Auxiliary at the home of Mrs. B. H. Beckwith, 421 South Washington Ave., Saginaw.

Committee chairmen were named by Mrs. Lloyd C. Harvie, president, as follows: Program, Mrs. Oliver W. Lohr; membership, Mrs. Robt. F. Jaenichen; legislation, Mrs. Lloyd Campbell; *Hygiea*, Mrs. J. A. McLandress; telephone, Mrs. Edwin MacKinnon; entertainment, Mrs. Dale E. Thomas, Mrs. Gunther Tiedke; flowers, Mrs. David E. Bagshaw; public relations, Mrs. A. Raymond Moon; publicity, Mrs. Arthur E. Leitch; parliamentarian, Mrs. John W. Hutchinson. A report on the state meeting held in Grand Rapids was given by Mrs. Jaenichen.

After the business session the group sewed on articles for the Children's Home.

Refreshments were served from a table centered with fall flowers. Mrs. Henry J. Meyer presided. Also assisting Mrs. Beckwith were Mrs. Donald C. Durman, Mrs. Frank O. Novy, Mrs. Victor C. Hill, Mrs. Wm. K. Anderson, Mrs. Thomas, and Mrs. Tiedke. The house prizes were won by Mrs. McLandress and Mrs. Herbert O. Helmkamp.

The next meeting will be November 16, with Mrs. Clemens Kirkgeorge, Frankenmuth.

NOVEMBER, 1937

CORRESPONDENCE

IS MEDICINE HOMEWARD BOUND?

To the Editor:

The physicians who attended the State Medical Society meeting at Grand Rapids and listened to the addresses of the speakers from outside the state, excepting those connected with the State and Federal Services, could notice that there was a tendency towards recognition of the Art of Medicine and believing that the art had a firm place in the practice of medicine.

This was particularly stressed by the president of the Pennsylvania State Medical Society, Dr. Maxwell J. Lick, that the general practitioner could not be successfully disposed of, as the specialist did not come in contact with the ordinary patient and that if it were not for the general practitioner, patients needing special care would go directly to the institution or public clinic and not to the independent specialist.

That the Art of Medicine plays an important part in the treatment of disease, and that science comes in secondarily, is shown by the large number of people who consult the osteopath and the chiropractor who have more art than science.

This is also demonstrated by the large number of persons who are firm believers in Christian Science. Again there is displayed the art of healing with practically no science.

State Medicine (so-called) is administered scientifically and does not recognize the Art of Medicine which plays a large part in the psychology of those who believe themselves to be ill—and a large proportion of the patients who consult the medical profession must be treated psychologically. This, the state and institution will not recognize, therefore, there will be a return of many patients to the physician.

ANGUS McLEAN.

Detroit, Nov. 1, 1937.

A gossip is a person who talks to you about others;

A bore is one who talks to you about himself;

A brilliant conversationalist is one who talks to you about yourself.

* * *

The amateur calls it a "chance shot" when he hits what he's aiming at.

* * *

When you cannot please everybody it's a good idea to try to please those who are worth pleasing.

* * *

The cat may not catch so many mice, but if she stays on the job, they are much less troublesome.

* * *

When you hear of one lawyer suing another it will be plenty of time to hire one.

* * *

The man who has the most to say about it, doesn't talk until everybody else gets through.

PROCEEDINGS OF HOUSE OF DELEGATES—1937

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MICHIGAN STATE MEDICAL SOCIETY

SEVENTY-SECOND ANNUAL MEETING

Proceedings of House of Delegates

Pantlind Hotel, Grand Rapids, Michigan

September 27, 1937

Monday Morning Session

September 27, 1937

The first session of the House of Delegates of the Michigan State Medical Society, meeting in Annual Session at the Pantlind Hotel, Grand Rapids, Michigan, September 27, 1937, convened at nine twenty-five o'clock, Dr. Frank E. Reeder, Flint, Speaker of the House, presiding.

THE SPEAKER: I shall ask the meeting to come to order.

Is the Credentials Committee ready to report?

DR. A. G. SHEETS (Eaton): We are ready to report, Mr. Speaker. There are approximately 100 delegates registered, but in the room with proper credentials are 75. A quorum is now present.

THE SECRETARY: I hold in my hand a list of 75 accredited delegates. This being a quorum of the House, I move that it constitute the roll call of the first session of the House of Delegates.

The motion was regularly seconded, was put to a vote and carried. Following is the roll of the House for the three sessions:

I. RECORD OF ATTENDANCE

COUNTY	DELEGATE	Session		
		1st	2nd	3rd
1. Allegan	W. C. Medill, M.D.	x	x	x
2. Alpena	F. J. O'Donnell, M.D.	x	x	x
3. Barry	R. B. Harkness, M.D.	x	-	x
4. Bay-Arenac-Iosco-Gladwin	Roy C. Perkins, M.D.	x	x	x
5. Berrien	Wm. C. Ellet, M.D.	x	x	x
6. Branch	R. L. Wade, M.D.	x	x	x
7. Calhoun	A. T. Hafford, M.D.	x	x	x
	Harvey Hansen, M.D.	x	x	x
8. Cass	W. C. McCutcheon, M.D.*	x	x	(ill)
9. Chippewa-Mackinac	W. F. Mertaugh, M.D.	x	x	x
10. Clinton	Dean W. Hart, M.D.	x	x	x
11. Delta	Wm. A. LeMire, M.D.	x	x	x
12. Dickinson-Iron	E. M. Libby, M.D.	x	x	x
13. Eaton	A. G. Sheets, M.D.	x	x	x
14. Genesee	Robert D. Scott, M.D.	x	x	x
	Donald R. Brasie, M.D.	x	x	x
	Frank E. Reeder, M.D.	x	x	x
	(Not represented)			
15. Gogebic				
16. Grand Traverse-Leelanau	Benzie E. F. Sladek, M.D.	x	x	x
17. Gratiot-Isabella-Clare	Myron G. Becker, M.D.	x	x	x
18. Hillsdale	Luther W. Day, M.D.	x	x	x
19. Houghton-Baraga-Keweenaw	Alfred La Bine, M.D.	x	x	x
20. Huron-Sanilac	(Not represented)			
21. Ingham	L. G. Christian, M.D.	x	x	x
	C. F. De Vries, M.D.	x	x	-
	R. L. Finch, M.D.	x	x	x
22. Ionia-Montcalm	A. I. Laughlin, M.D.	x	x	-
23. Jackson	Philip A. Riley, M.D.	x	x	x
	James J. O'Meara, M.D.	x	x	x
24. Kalamazoo-Van Buren	R. G. Cook, M.D.	x	x	x
	R. J. Hubbell, M.D.	x	x	-
	A. E. Pullon, M.D.	x	x	x
25. Kent	A. V. Wenger, M.D.	x	x	x
	Wm. R. Torgerson, M.D.	x	x	x
	Carl F. Snapp, M.D.	x	x	x
	Paul W. Kniskern, M.D.	x	x	x
	Geo. H. Southwick, M.D.	x	x	x

*Died October 1, 1937.

NOVEMBER, 1937

County	Delegate	Session		
		1st	2nd	3rd
26. Lapeer	H. M. Best, M.D.	x	x	x
27. Lenawee	(Not represented)			
28. Livingston	H. G. Huntington, M.D.	x	x	x
29. Luce	R. E. Spinks, M.D.	x	x	x
30. Macomb	R. F. Salot, M.D.	x	x	x
31. Manistee	E. A. Oakes, M.D.	x	x	x
32. Marquette-Alger	V. H. Vandeventer, M.D.	x	x	x
33. Mason	Wm. S. Martin, M.D.	x	x	x
34. Mecosta-Osceola	G. H. Yeo, M.D.	x	x	x
35. Menominee	S. C. Mason, M.D.	x	x	x
36. Midland	Robert E. Rice, M.D.	x	-	x
37. Monroe	Dean C. Denman, M.D.	x	x	x
38. Muskegon	E. O. Foss, M.D.	x	x	x
39. Newaygo	O. D. Stryker, M.D.	x	x	x
40. Northern Michigan	F. C. Mayne, M.D.	x	x	x
41. O.M.C.O.R.O.	C. R. Keyport, M.D.	x	x	x
42. Oakland	Ernest W. Bauer, M.D.	x	x	x
	C. T. Ekelund, M.D.	x	x	x
43. Oceana	(Not represented)			
44. Ottawa	A. E. Stickley, M.D.	x	x	x
45. Ontonagon	(Not represented)			
46. Saginaw	L. C. Harvie, M.D.	x	x	x
	C. E. Toshach, M.D.	x	x	x
	A. L. Callery, M.D.	x	x	x
47. St. Clair	Russell A. Springer, M.D.	x	x	-
48. St. Joseph	(Not represented)			
49. Schoolcraft	A. L. Arnold, Jr., M.D.	x	x	x
50. Shiawassee	O. G. Johnson, M.D.	x	x	x
51. Tuscola	J. A. Wessinger, M.D.	x	x	x
52. Washtenaw	Dean W. Myers, M.D.	x	x	x
	T. K. Gruber, M.D.	x	x	x
53. Wayne	L. J. Hirschman, M.D.	x	x	x
	G. C. Penberthy, M.D.	x	x	x
	H. A. Luce, M.D.	x	x	x
	J. M. Robb, M.D.	x	x	x
	A. E. Catherwood, M.D.	x	x	x
	W. D. Barrett, M.D.	x	x	x
	R. H. Pino, M.D.	x	x	x
	Wm. R. Clinton, M.D.	x	x	x
	Wm. J. Stapleton, Jr., M.D.	x	x	x
	R. C. Jamieson, M.D.	x	x	x
	E. D. Spalding, M.D.	x	x	x
	H. F. Dibble, M.D.	x	x	x
	C. E. Dutchess, M.D.	x	x	x
	J. H. Andries, M.D.	x	-	x
	A. W. Blain, M.D.	x	x	x
	C. E. Umphrey, M.D.	x	x	x
	P. L. Ledwidge, M.D.	x	x	x
	D. I. Sugar, M.D.	x	x	x
	C. K. Hasley, M.D.	x	x	x
	J. A. Hooke, M.D.	x	x	x
	S. W. Insley, M.D.	x	x	-
	Wm. S. Reveno, M.D.	x	x	x
	H. L. Clark, M.D.	x	x	x
	M. H. Hoffmann, M.D.	x	x	x
	C. K. Valade, M.D.	x	x	x
	S. E. Gould, M.D.	x	x	x
	Frank Kilroy, M.D.	x	x	x
	L. O. Geib, M.D.	x	x	x
	S. A. Flaherty, M.D.	x	x	-
	J. W. Hawkins, M.D.	x	x	x
54. Wexford	W. Joe Smith, M.D.	x	x	x

THE SPEAKER: I declare the first session of the House of Delegates to be in session. Before proceeding with the program, I just want to make an announcement or two. As is customary, you know, we always have a Sergeant-at-Arms and we are particularly fortunate again in having one who can act in that capacity, in a dual capacity, if necessary, that is, not only as a good Sergeant-at-Arms but he can act as Chaplain as well if we need one. So therefore I again appoint Dr. James J. O'Meara Sergeant-at Arms. (Applause)

II. APPOINTMENT OF REFERENCE COMMITTEES

I would have you notice in the Delegates' Handbook on the page opposite the program that you will see the list of reference committees. I should like to call your attention to the fact that under Reference Committee on Officers' Reports, instead of Dr. H. M. Lowe the name should be Dr. Harvey Hansen. That is the only correction I have to make, except this: If there are any men absent and their alternates are here, the alternates will substitute upon the respective committees. There need be no further discussion about that. Of course, you have been appointed and have received your Handbooks in due time, so you know on which committees you belong. However, I see quite a few new faces in this audience this year and I am satisfied that perhaps some of you are not acquainted with the various chairmen of the reference committees, so therefore at this time I want to introduce to you the chairmen of the reference committees. I will ask each one to stand long enough so that you may see who he is. Later on, you will be notified as to the time and place of your meetings. Each chairman will be given a portfolio with all his respective work placed in it.

The Speaker introduced the chairmen of the reference committees.

THE SPEAKER: I should like you to know also that at this time I desire to announce the personnel of the Publicity Committee for the release of news from the House of Delegates to the press. That committee will consist of Dr. L. Fernald Foster, Secretary, Dr. Henry Cook, President-Elect, Dr. P. R. Urmston, Chairman of the Council, Dr. Henry A. Luce from the House of Delegates, and the Speaker. Dr. Foster will act as chairman of this committee.

Sergeant-at-Arms, will you please conduct the President-Elect to this rostrum? (Applause.)

THE VICE SPEAKER: We will now have the annual address of the Speaker of the House of Delegates. Dr. Reeder. (Applause.)

III. SPEAKER'S ADDRESS

THE SPEAKER: Mr. Vice Speaker, Mr. President-Elect, Mr. Chairman of the Council, Members of the House of Delegates: What I shall have to say or rather read to you this morning is not a lengthy treatise at all but rather a synopsis of what I consider the basic principles of organized medicine.

I want at this time to express my thanks and appreciation to the Senior delegates for the splendid assistance and coöperation during my terms of office for the past two years. Never once has any delegate refused to do his duty when requested by the Speaker.

To the newer delegates, and no doubt some of you are here for the first time, I welcome you into the activities of this legislative body. I hope you will take part for the valuable experience you will gain and the knowledge you will be able to impart to your County Society upon your return.

I trust you will all be prompt in coming to the sessions and that when on the floor you will abide by the custom of giving your name and the County Society you represent when addressing the chair, and I particularly request that you remain until properly dismissed.

May I say, also, as your representative on the Council, that I can truthfully report to you that, during the past year, your officers were highly efficient and that no pains were spared to give you their best efforts.

I believe the Council, as it stands today, is well chosen and each Councilor has given of his time

and effort to the satisfaction of his district. Surely great power was shown this past year and much accomplished through the united efforts of the Officers, the Council, and the Standing Committees. Particular praise must be given to the Chairman and members of the Legislative Committee. Also let us not forget the boys back home in the County Societies.

I now want to direct your attention for a few minutes to what I consider the basic principles of organized medicine.

Can you visualize what the practice of medicine must have been prior to organization? Merely individualism, with no attempt in a consulting or collective manner to advance science, ethics, or justice. Doctors simply went through life at random with no regard for each other, or the public as a whole, and such must be the feeling, it cannot be otherwise, of the thousand or fifteen hundred doctors in the State of Michigan who are without the fold.

As time went on they began to see the need of grouping for the advancement of medical science as well as to rid the profession of personal prejudice and jealousy, and to look for protection, one toward the other. And so organization took place in Michigan about 1865, with seven delegates forming the nucleus, and a Constitution and By-Laws were drawn up which guided them, and unless some unforeseen type of government shall come upon us, shall continue to guide us. It is a splendid piece of literature, I commend it to you.

Our forefathers realized that medical science was based upon one indisputable fact—the cause of disease, and to further apply this science it must be based upon solid principles which they laid down:

- (1) Medical Education
- (2) Medical Registration
- (3) Medical Laws
- (4) Public Health

Medical Education

Today the requirements of the medical student are so long in years that about one-third of his life is gone when he begins to earn a living. Surely there is no harm in the intensive training and the high standard set, but, are the students properly selected? Are we forgetting the desired qualifications of personality, proper temperament, initiative, and common sense for the book worm or Class A student? It is a fine combination but, after all, we need good bedside practitioners.

Postgraduate Education, no doubt, is the saviour of the profession, and we can be proud of our system in Michigan, and I believe would be welcomed by the thinking public if it were compulsory. The coming decade will see a drastic change in medical practice, so we must keep abreast of the times, and I ask this body to support Postgraduate Education at all times.

Medical Registration

In order to keep us in line, of course, this procedure is necessary. But why stop with a single registration unless our law of disposal of income is changed?

Our State Board is greatly handicapped because of lack of funds and is unable to properly investigate irregular practice within our own ranks. Shall we continue to mislead the public with such rackets as fluoroscopic diagnosis in unskilled hands, or electrotherapists, or drug store practice, or patent medicine venders, or deceptive radio advertising? Full time industrial surgeons receiving an adequate salary and doing private practice on the side, as well as infringing on the rights of private roentgenologists. This type of practice should cease. I say let us raise funds by re-registration, or some other way,

PROCEEDINGS SEVENTY-SECOND ANNUAL MEETING

or have the law changed back to its original reading.

Medical Laws

As the medical practice act stands today, I ask you, what does it really mean? I confess I am confused. Any law, however severe it may be, is worthless unless properly enforced. Now that we have a splendid start in raising the standard of our competitors, let us continue to legislate until the title of Doctor of Medicine means to the public what it stands for.

We have scratched only the surface of medical faking and the Michigan State Medical Society should be able to exterminate it completely. It must be done, however, by State authority with more exacting and properly enforced laws. It can never be curbed by the County Society because of embarrassment to local physicians, and so the irregular practice continues to grow.

I reiterate, "Let us give our State Board funds that it can be truly an executive body."

Public Health

Herein is the coming evolution in the practice of medicine and no doubt a vast change will take place in the next decade, in the education of the entire profession as demanded by the government. This new nation-wide movement will be legislated by the government but it must at all times be under the control and supervision of the medical profession. As you know, already under way is the national program for the eradication of syphilis. Soon to come the attack upon the high infant and maternal mortality rate. Then the investigation, prevention, and eradication of occupational disease, and other problems which now we do not foresee.

Let us be prepared. Let us be ready.

In closing I plead with you, whatever your personal feelings may be, to consider what organized medicine is doing for you. I hope that you will work for its cause and advancement, as long as you may live. (Applause.)

THE VICE SPEAKER: The Speaker's address will be referred to the Committee on Officers' Reports. I turn the meeting back to the Speaker.

THE SPEAKER: Thank you, Mr. Vice Speaker.

I am sure I express the sentiment of each one of you when I say that never before in the history of this organization, to my knowledge, has this particular occasion been denied the presence of its President. You all know the reason. I am sure we are very sorry this morning that the congenial, good-natured, hard-working President of the Michigan State Medical Society, Dr. Henry E. Perry, is not with us. At some time during this session or at a later session the Chair will gladly entertain a motion that a telegram of our sympathy be sent.

DR. L. J. HIRSCHMAN (Wayne): I don't know a better time or a more appropriate time to express our regret at the absence of the President than right at this particular moment. I was fortunate enough to be making a tour of the Upper Peninsula with him, visiting the various county societies up there, when he was stricken while working in the interest of the State Society. We know how many, many months of faithful service he gave to the Society when he was working.

At this particular time, in order that he may be cheered by the knowledge that as we open the session we are thinking of him, I move that a telegram of sympathy and an expression of good will be sent him now.

DR. ALFRED LABINE (Houghton): I second it.

THE SPEAKER: Of course, we have not yet entered the regular routine of business, but under

the conditions I shall accept the motion, as supported by Dr. LaBine from Houghton.

The motion was put to a vote and carried.

THE SPEAKER: The Secretary will act accordingly.

* * *

THE SPEAKER: By request of our President, the Executive Secretary has been asked to read the President's address. I present Mr. Wm. J. Burns.

IV. PRESIDENT'S ADDRESS

Mr. Speaker, Officers of the State Society, and Members of the House of Delegates:

Two years ago at the Soo meeting, you elected an Upper Peninsula doctor as your President-Elect and gave him a year's training for the post of President of the Michigan State Medical Society. What he learned was so well expressed by Dr. Grover C. Penberthy in his retiring Presidential address last year that I *beg leave* to quote it: "The economic problems which have grown up about us have affected the general public and the profession at large. This requires the profession to have some *political interest and activity*."

During the past twelve months, we all have witnessed the truth of this statement, and the need for unusual political interest and activity.

The medical profession has *not* been untouched by the swirl of social change going on in the world. As we are *part* of the civilization, so we *move* with it. Our *scientific* progress has always been ahead of the general parade, but our *political* and *social* progress has not been as dramatically, amazingly rapid. Steeped in our art and science, we gave *first* and almost *exclusive* thought to the *welfare* of patient, and permitted ourselves to neglect the *social* aspects of sickness.

Came the depression and we found ourselves lost in a forest of gigantic economic weeds which had been growing up about us for years. These problems vitally affected us, our patients, even the continued advance of our *science*. Untrained for the task, but having the courage and grim determination of the pioneer, the profession set out to *clear* the brush. The task was hard, the impediments and discouragements many.

We had to use tools new to men trained in *materia medica*; we had to learn new formulæ and strange languages; we had to make new friends and enlist their help. In other words, we had to become politically and socially conscious, and take a practical world at its own face value. This we did, not without a tremendous moral struggle, and today, we begin to see a little ray of light, as though a sliver of the forest of economic problems were bowing to our axes.

I shall not endeavor to repeat what has transpired during the past year. You know the titanic struggle your State Society experienced with its legislative program, and how the untiring work of Dr. L. G. Christian and his committee, generously aided by legislative key-men throughout the State, influenced the Legislature to enact several excellent health laws. The other committees worked unabatingly during the year—their record in your Handbook is synonymous with Advancement for Michigan Medicine, both scientific and economic. The groups headed by Drs. Florence Ames, O. A. Brines, J. D. Bruce, A. M. Campbell, F. H. Cole, Henry Cook, B. R. Corbus, H. H. Cummings, L. Fernald Foster, L. O. Geib, T. K. Gruber, A. F. Jennings, P. A. Klebba, H. A. Luce, Angus McLean, R. H. Pino, H. W. Porter, L. W. Shaffer, R. G. Tuck and E. R. Witwer, gave sacrificing labor for the good of the Michigan State Medical Society, which after all is you and you and you—4,000 of you.

The officers and councilors worked hard for you

this past year—just look at the record and see the number of "State Society Nights" all over the state that had to be attended, the committee meetings, the contacts with governmental officials and agencies—days and days away from their practice; and remember, these men are physicians even as you, who must practice to provide for themselves and their families. Much of the Society's success is due to their wise generalship.

Your Secretary and the efficient staff in your Executive Office in Lansing have been a stimulus as well as a great aid to your officers and committees, and also a means of bringing in closer union the State Society and its fifty-four component county societies.

To the above friends and to all the members, who sustained me in my feeble efforts for the Michigan State Medical Society, I give my sincere and lasting thanks. You have presented me with an experience which I appreciate more than words can tell. I am deeply grateful.

Today, as you members of the House of Delegates perform your two-fold task of reviewing the past year's work and developing a program for the future, continue to consider each matter with this question in mind: Is this in the best interests of the people of Michigan and the medical profession? First, make further plans to keep the science of medicine always in the van. Second, open new avenues for better and better distribution of medical services to all groups and for greater contact of the county and State societies with political and social groups and individuals legally responsible for care of the indigent. Third, act vigorously to stamp out any trace of a defeatist attitude—a mental attitude that crushes a man before he begins to fight—brayed into all ears by the whelps of the depression. Let us fight for our Principles to the very end, before we admit any defeat! Remember, Medicine will never betray us—unless we betray Medicine.

I close by extending to our new President, Dr. Henry Cook, my sincerest wishes for a successful and happy administration. This he will have, given the same support and coöperation it was my great fortune to receive from you.

THE SPEAKER: The President's address will be referred to the Reference Committee on Officers' Reports.

Like the kings of old, we are having a succession of Henrys here, so it becomes my pleasure to have Henry II come upon the throne, my fellow townsman and practitioner for a good many years. I am pleased to introduce the President-Elect, Dr. Henry Cook, who will give you his address at this time.

V. PRESIDENT-ELECT'S ADDRESS

Mr. Speaker, House of Delegates:

Now about to assume the office of the President of this Society for the coming year, I am impressed with the fact that the profession of Michigan owes much to the public and to itself, and realizing this it is well that we shall evaluate the accomplishments of the past, study the needs of the public, and determine the service which we shall render in the future.

The physician has carried on through adversity in the centuries past and has ever been forging forward in an effort to render better service to the public than had been done in previous times. Having enjoyed professional freedom during this time, it has necessarily placed upon him great responsibilities.

Let me enumerate some of the accomplishments which have been based upon medical science and the efforts of our profession. The development of vaccine against smallpox, the study of the bacte-

rial causes of diseases, the development of the instruments for examination and diagnosis, the study and uses of the action of various drugs and the secretions of the body, the study and control of diphtheria and typhoid fever are all illustrations of accomplishments of the past. Humanity has benefited more from the contribution of the physician than it has through the mastery of man's environment by the discoveries in physical sciences. It has also benefited far more socially by the work of the physician than it has by inventions in government.

Recognizing that these accomplishments have been effected and made possible entirely as a result of medical knowledge largely produced through the work of individual practitioners, we still must recognize the fact that we have a great responsibility in front of us. We must ask ourselves—are we as a whole rendering to the people a complete medical service and one that is of as high quality as they are entitled to? It is our responsibility to study these problems, recognizing that there are groups of people who, for various reasons, do not or can not obtain the medical service which they need. I think we must make the claim that there are many people today who do not seek the medical service they need even if they are able to pay for it. This undoubtedly is because of lack of understanding of the problem. Then too, we have another group which is unable to purchase medical care because of limited means. This applies to the indigent and borderline group. Then there is the group which is able to purchase the proper medical care which they need.

We must also recognize that there are many medical problems in connection with the public as a whole, which need a better understanding by the profession and by the public, and it is our responsibility, as a profession, because of the fact that it is our business to handle medical and health problems, to assume a proper leadership in the study and solution of these problems, and having in mind that there is a need of this work being done, and that the profession should assume that responsibility to a great degree, a program has been outlined and approved by the Council of the State Medical Society. I shall enumerate to you some of the things which we hope to accomplish in this ensuing year:

I Leadership in formation of a Michigan Health League. Physicians, dentists, nurses, pharmacists, morticians and laymen.

II Strengthening County Society organization to the end that it assumes aggressive medical leadership in the community:

1. Health education of the public (radio and personal appearance);
2. Contacts with governmental officials and agencies in solution of their medical problems;
3. Develop programs to fit new laws and medical regulations;
4. Regional meetings with State Councilors, officers and delegates, to accomplish greater County Society activity.

III Developing and executing programs for more complete distribution of medical services to all groups:

1. Recommendation of various types of medical programs now in use, best applicable to individual counties;
2. Medical service to the *indigent* in accordance with new welfare laws;
 - (a) Direct outdoor medical relief;

- (b) Continuation of coöperative work under the Afflicted Child and the Crippled Child Law;
- (c) Medical service to old age pensioners, the blind and widows.
- 3. Medical service plans to the *borderline group* who need deferred payment plan (many need not be indigent, if a coöperative plan is developed);
- 4. Continuation of good service to the *economically comfortable* in your own community on a reasonable competitive basis.

IV Continuing with renewed vigor the well-developed Scientific Program of treatment and the development of prevention and control of syphilis, tuberculosis, cancer, preventive medicine, studying and dealing with problems of mental hygiene, accident prevention, etc., and elaborating existing educational programs, especially the postgraduate and extension courses. Physicians take the initiative, and coöperate with other groups.

V Increasing the membership of County Medical Societies, on the basis of above activities.

Let me now go back and emphasize these different divisions of work which have been enumerated.

The officers of the State Society and the members of your committees who have been dealing with legislation and health of the people, are extremely impressed, and are constantly urging that next year every effort shall be put forth to the development of a Health League, realizing that a much fuller measure of success in health problems will be accomplished if all of these groups become interested in them and put forth a united effort. Having this in mind we hope to increase the effectiveness of this organization.

It takes a little time for one who is not in close contact with this to realize the importance of it. Just let me cite an instance of what happened when your Legislative Committee contacted certain committees in the legislature. The remark that was made by a chairman of one of the committees was this: "We are very glad to see you people all come up here together. In the past, one of you would come at one time and another at another time, and another at another time. How can anyone disregard you when you come united?"

Second—The matter of strengthening County Society organization to the end that it assumes aggressive medical leadership in the community. There is not a community in the State of Michigan today which does not have various lay groups which are taking considerable interest in medical and health matters. *That is a healthy state of affairs if the motive behind it is good and the manner of procedure by them is conducted properly. It is a dangerous situation if it is not done in the right way.* In many instances these groups are assuming to direct the health policies of the community. In some of these communities they are seeking the advice of the medical profession; in other communities they are disregarding the medical profession either for the reason that the medical profession is not interested, or for the reason that they wish to disregard them. *We must become cognizant in our own communities of that situation and attempt as a profession to meet it. We cannot say, "Well, let them hang themselves," as often as we do if they do not see our viewpoint, if they don't approach it in the manner in which it is best to do it. We must go to them and say to them, "You are interested. We want your coöperation and your help and we want*

to help you but you must approach this thing in the right way if you expect to get results." In that way we have been misunderstood. They have gone their way on their own proposition to the end that nothing was really accomplished and harm was sometimes done. It is our fault as well as theirs and we must recognize it. There are problems of health and medical care in all communities which have to do with governmental officials including judges of probate, boards of supervisors, poor commissioners, health departments and city physicians. Just recently there has been adopted in Michigan a group of welfare laws and medical regulations which affect very intimately the public and the medical profession. Many County Societies at present are studying these problems and working out programs. However, I feel that the majority of the County Societies, especially the smaller counties, are not giving any study to these problems. It is the opinion of many of your officers and committee members that the profession in the various communities is missing an opportunity in not meeting their responsibility in disregarding these problems. The public wants education in health matters, and by radio and personal appearance before lay groups we can accomplish much in health education. By offering to these governmental agencies our services and advice in the solution of their problems, we will make many friends and they will feel that we are awake and anxious to assist them, to the end that when they have these problems facing them, which are medical in character, the first one they will think of is the County Medical Society and the doctors in their community, rather than to go on trying to solve them in their own way. The prestige of the profession will be greatly enhanced by this co-operation.

If we assume our leadership and responsibility to fit into the new welfare laws of the State previously enacted, it will be possible for us to improve the quality of medical service offered to these indigents, and, also, we will be benefited financially thereby.

If we are to develop these programs completely next year and in the future, it will be necessary that regional meetings be held by the councilors, officers and delegates to the State Society meeting with the officers of the County Societies, endeavoring to develop and stimulate an interest in their problems in the various communities. It is our belief that it is our responsibility to see that every one in our community shall receive the medical services he needs and shall pay in accordance with his ability to pay. This will require that we study methods of furnishing medical service in effect in other communities like our own in order that the best service shall be available to those on relief, to the borderline group and to those who are economically comfortable.

The medical profession, through its State and County Societies, must also accept with renewed vigor, the responsibility for seeing that the problems of the prevention and control of diseases such as syphilis, tuberculosis, cancer, preventive medicine, problems of mental hygiene and accident prevention, are properly studied and properly handled. In order to accomplish this it will require the extension of educational programs of both the public and the physician, through our health educational programs to the public and our postgraduate extension courses. The physician must take the initiative and he should coöperate with all groups which have to do with these problems.

I think in the discussion with members of the Society who have given a great deal of thought to it, that which stands out most in their minds is this: In this growth of our state and our commu-

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nities, if the physician has lost any part of that position of confidence and leadership in the eyes of the public, it must be re-established. It is difficult for a physician as an individual to do that, and we now are asked as a group to do it. In the time when we occupied that position we were acting as individuals in a small community and now we have to establish ourselves upon a group basis. If we are going to do that, it is going to be entirely through the type of service that we give the public, the type of leadership, and if we meet that responsibility the physician is going to stand out in the community as he did in the past.

Men, it is up to you. The future of the profession is entirely in your hands. It is not going to be done through the solution of the economic problems of ourselves as it is through the solution of the health problems of the community. There are many problems in your communities. How much do you know about what your county spends for the care of tubercular and communicable disease cases? How much do you know about what they are spending for the prevention of those diseases? It is we who can show them what they can save economically in the tax dollar in that county. If we can show our county that the money we will spend for prevention will save much in the way of cure, they will learn to listen and to use and respect our judgment. It is only through a full realization of that kind that we can establish confidence in the profession. They think well of us as doctors. They say the doctor is all right, but when they come to the profession as a group, sometimes they don't think of the doctors in that same way. We have to think more along those lines. . . . (Applause.)

We must recognize the fact that there are still many diseases which are not controlled. Let me call attention to the fact that the sub-committee on the prevention and control of syphilis, a part of the Preventive Medicine Committee, worked out a program which was publicized in the JOURNAL OF THE M.S.M.S. This was submitted to the State Commissioner of Health for his approval, and to the Surgeon General of the U. S. Public Health Service, and is a well worked out plan. It is my understanding that the U. S. Public Health Service, because of lack of funds, has not been able to come into Michigan to effect this program or any other program. I see no reason why the profession of Michigan should wait for the U. S. Public Health Service to step into Michigan and put it into effect, and I question very much if they will approve of this program as outlined, since everything points to the fact that they are favorable to the establishment of clinics in various parts of a state where they are conducting the programs. If these clinics should be established and the work accomplished, there is no one here who is foolish enough to believe that these clinics will be eliminated. The personnel of these organizations will find other problems to perpetuate themselves in employment at the expense of the profession and the public. The State of Michigan and the counties of the State of Michigan, are spending thousands and thousands of dollars each year for the care of tuberculosis, and very little money is being spent in Michigan for the prevention of tuberculosis. This is a problem which needs the attention of the profession, and we should be leaders in pointing out to the State what we can be accomplished in savings by prevention and control.

The problem of cancer today is being handled very efficiently by the Cancer Committee of the State Society. Many lectures and exhibits have been put on by this committee all over the State. Every County Society should do more to cooperate with them.

The Preventive Medicine Committee of the State Society has had a very well worked out program. They have met with much difficulty and lack of cooperation from various sources in effecting their program.

We must not disregard the fact that accident and degenerative diseases today are taking the place of the more acute and infectious diseases as to the cause of death.

The profession of Michigan should be accepting leadership in problems of mental hygiene. We cannot disregard the fact that the mentally deficient and the insane are not being properly cared for in our state, and we should be lending every effort possible in the solution of these problems.

If the profession recognizes these problems, their opportunities and responsibilities, and meet them as they should, their prestige will have been enhanced, the public will have great confidence in the doctor, will recognize him as he would like to be recognized, and his status in the community will have been insured. If these things are accomplished, the membership in the County Societies will grow and every one will want to become a member of such an organization.

In conclusion I shall this year do everything in my power as President of the M.S.M.S. to carry out this program as outlined, in the interest of the public and the profession, and I am asking that you, each one individually, and in your committees and organizations, support and cooperate with me in this effort.

THE SPEAKER: The President-Elect's address will be referred to the Reference Committee on Officers' Reports.

The next item is the annual report of The Council.

VI. ANNUAL REPORT OF THE COUNCIL

I understand that the officers have gone to a great deal of trouble and quite a little expense to put out this Delegates' Handbook for your knowledge and to prepare yourselves in coming here as well as to save time in these meetings. So when I ask for a report such as this annual report of The Council, you naturally are referred to your Handbook for that report, but I also shall ask the chairman for any further modified report or supplemental report. Therefore, this morning I call upon the Chairman of the Council, Dr. P. R. Urmston, for any further report of the Council. Dr. Urmston. (Applause.)

DR. PAUL R. URMSTON (Bay): Mr. Speaker, Officers, and the House of Delegates: You have just heard Dr. Cook's program for next year. The program of last year involved so many questions and so many meetings that we thought it advisable this year, instead of standing up here and reading off this report, to publish it in the Delegates' Handbook. Our officers last year fulfilled every resolution and every desire of the House of Delegates. Most of the officers traveled from 15,000 to 17,000 miles and spent over a month away from their offices for "state night" meetings. In traveling over the territory we discovered many local problems in the fifty-four component societies that the state officers are asked to settle. We find we cannot do that as most of them are local problems, but we offer our assistance.

There are one or two things we have noticed in these travels. One is that where a county society has an efficient secretary, that society is active. Where the secretary is changed from year to year, that society needs help. Therefore, we have recommended that an efficient secretary be continued in office. Also, with regard to delegates

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to this convention, when a new man comes in here he doesn't know what is going on until after the session is over. He is not returned the next year and therefore does not represent his society as we should like to have him represent it. As I look over this audience I see faces that have been here year after year. That is why the proceedings of the house of Delegates and the instructions of the Council are of value to organized medicine. We would recommend to the House of Delegates, and insist, that the men be returned year after year, that is, that the efficient delegates and secretaries be retained.

Dr. Cook's program for the year has been approved by The Council, but without your assistance in going back and giving this to your county societies in your reports and urging your county societies to assist your officers in every way, it will not be fulfilled as they wish.

In our travels they say to us, "What is the state society doing for us?"

We tell them that they are the State Society and it is what they are doing for the Society that makes it what it is today.

The Annual Report of The Council is on Page 23 in your Handbook. I hope that each one of you has read it so that when you go home you can make an efficient report to your society on the proceedings of the Council.

I have a supplemental report.

Supplemental Report of the Council

(given by Dr. Urmston)

The absence of our President has established a precedent in the annals of the Michigan State Medical Society.

Dr. Henry E. Perry is the first President to become a casualty in the line of duty.

The 1936 House of Delegates made it mandatory that the officers of the Michigan State Medical Society visit all county societies once a year.

He was performing this duty with the other officers, visiting the ten societies in the Upper Peninsula when he was stricken. We can be thankful, since this sickness had to happen, that it occurred so near the end of his term.

Words cannot express our appreciation of Doctor Perry as President of our Michigan State Medical Society.

His wise selection of committees and his untiring effort to see that all performed their duties have made 1937 the most eventful year of the Michigan State Medical Society.

Without his guidance and steady hand this could not have been accomplished. His work in Lansing is evidence.

State Society Nights

Twenty-three "State Society Nights" have been held by many of the county societies so that your officers have visited all societies possible during the year.

Much has been accomplished for organized medicine and these contacts should be continued.

Another precedent that has been established is the printing of the Annual Report of The Council in the Handbook. This facilitates the work of the House of Delegates' Reference Committees and better study of the proceedings.

Innovations introduced by our Secretary and Executive Secretary will prove the efficiency of these officers when you have enjoyed the full program of the 1937 Convention. Another innovation this year was the meeting of all committee chairmen with the Executive Committee of The Council; outlines of the year's work were made by the Chairmen.

Pep talks were given by the officers.

This is the line we will proceed on during this coming year. Dr. Cook has called a meeting of the chairmen of committees for Thursday. Previous to this the committees have acted upon their own initiative without reporting. We have found that by monthly reports we can keep in contact with these committees much more efficiently than in the past when they made only their annual reports to the House Delegates. So each month the committees will be asked to report their activities so that The Council can act upon their reports at their regular meetings.

Meetings

Fourteen Council meetings were held, four by the full Council and the rest by the Executive Committee.

If you have read the minutes of The Council proceedings in THE JOURNAL, you will know of the many problems that have made 1937 an eventful year.

When we made our budget in January we anticipated an increase in expenses and therefore we made it mandatory that we increase the membership to take care of that.

Membership

Membership increase was set at 200 and the credit for 243 must be given to the 54 component society officers.

Finances

The expectancy of the budget for 1937 has proven true. We have had extraordinary expenses, and have cash on hand of \$9,765.68 as of September 24, 1937. If we wish to progress and fulfill the requirements of organized medicine, we must anticipate an increase in the budget in the future.

Increased membership will care for 1937.

An increase in the annual dues for the future is recommended.

In explanation of the budget, we have an off year next year, when the expenses will not be quite so high as in years when we have to have an educational fund. We have to make some plans for those years.

The Journal

The Editor and Secretary under the direction of the Publication Committee of The Council are printing a journal which gives the Michigan State Medical Society a high rating.

THE JOURNAL should be read from cover to cover, for both the scientific and economic aspects of medicine.

I don't know how many of you read your JOURNAL but the front half contains the scientific aspect and the last half contains the economic aspect of medicine. I think they are very interesting. I hope you will take your JOURNAL when you go home and look over that last part each month.

Don't forget the advertisers. Greet their detail men with this slogan "I read your advertisement in the MICHIGAN STATE MEDICAL SOCIETY JOURNAL." It will save you time with the detail men.

Support the advertisers.

Postgraduate Work

At a recent meeting of the Committee on Postgraduate Medical Education, the Councilors were made Chairmen of the centers for postgraduate courses and are held responsible for arrangements and attendance.

Just this point there. In your Handbook, under the By-Laws, if you will turn to Page 103 you may read the duties of The Council and of the Councilor

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for your district. I think this is the first time more duties have been prescribed for the Councilor. I think each county society should know what it should expect from its Councilor in its own district. . . . (Applause.)

The attendance is increasing each year and much credit should be given this committee for these valuable courses. Plans for giving credit attendance at the Michigan State Medical Society Convention courses are in formation.

Legislation

All new laws have been printed in your JOURNAL. Study them. This committee has made history. They had the full support of The Council and no bill was supported or introduced without approval of The Council.

Your attention is invited to Chapter Six, Section 2, paragraph 2 of the By-Laws which govern the members of the Society and Legislative Committee. All should read this Section.

Committee Reports

Committee Chairmen in person have been asked to make monthly reports to their Council. This increases interest and efficiency.

Read their full reports in the Handbook. Their recommendations for the future are of value.

Progress

All recommendations of Committees authorized by the House of Delegates have been carried to completion by The Council.

The plans of President-Elect Dr. Henry Cook approved by The Council will make membership in the Michigan State Medical Society an honor and appreciation in 1938.

Respectfully submitted,

THE COUNCIL, *Michigan State Medical Society.*
September 27, 1937.

THE SPEAKER: The report of the Council, as well as its supplemental report, will be referred to the Reference Committee on Reports of the Council.

The next matter of business is that of the report of Delegates to American Medical Association. Is the chairman present? Dr. Brook!

VII. REPORT OF DELEGATES TO A.M.A.

Perhaps the most important meeting of the A.M.A. House of Delegates held in a generation at which were considered problems of various types vitally affecting the every day activities of every doctor in the United States, some even radically changing methods of practice, was held at Atlantic City June 7th to 11th of this year.

That your delegates were active and truly representative is attested to, First, by having introduced four of the twenty-six resolutions acted upon; Second, by having been assigned two committee chairmanships and one other committee appointment; Third, by presenting arguments before reference committees and Fourth by participating in open debate before the House upon such subjects and in such manner as in our judgment seemed best for the medical profession as a whole. The stenographic proceedings of the House are not published—it would take too much space. Nevertheless the arguments pro and con from a geographical, political or medical viewpoint are most interesting. And the Michigan delegates did their share.

Dr. H. A. Luce was named chairman of the Committee on Rules and Order of Business and Dr. J. D. Brook was named chairman of the Committee on Miscellaneous Business and member of the Committee on Scientific Award. That was really honoring

Michigan when you consider that there were only thirteen such appointments available among 170 delegates from the 48 states, the island possessions, Alaska, Army and Navy and 15 sections.

This report brings to you under various headings some of the subjects in which we feel you are interested. The following report on "Reports of Special Committees" is presented by Dr. Claud R. Keyport.

1. The Committee on Miscellaneous Business to whom was referred the report of the *Committee to Study Problems of Motor Vehicle Accidents*, recommended that since the causes which are attributed to the physical and mental phase of traffic accidents are greatly in the minority, the responsibility of the medical profession does not go beyond making recommendations for curbing of driving by mental and physical defectives.

The committee further recommended a standard drivers license law and urges the legislative committees of the various state societies to extend their activities to this end. Because of the general apathy toward the obedience of any law, the primary, individual and collective objective to reduce traffic accidents, should be the rigid enforcement of the present law.

2. *Report of Special Committees to study Contraceptive Practices and Related Problems* was appointed by the Board of Trustees June 11, 1935, pursuant to a resolution adopted by the House of Delegates. The committee submitted its first report to the House of Delegates at the Kansas City meeting in 1936. This report was adopted by the House of Delegates and the committee was continued for another year. This year at Atlantic City, the committee submitted a report limited to a consideration of the prevention of contraception only as it refers to the relation of physician and patient.

The following recommendations by the committee were adopted by the House of Delegates:

1. That the American Medical Association take such action as may be necessary to make clear to physicians their legal rights in relation to the use of contraceptives.

2. That the American Medical Association undertake the investigation of materials, devices and methods recommended or employed for the prevention of contraception, with a view to determine physiologic, chemical and biologic properties and effects, and that the results of such investigations be published for the information of the medical profession.

3. That the Council on Medical Education and Hospitals of the American Medical Association be requested to promote thorough instruction in our medical schools with respect to the various factors pertaining to fertility and sterility, due attention being paid to their positive as well as to their negative aspects.

3. *Committee on Distinguished Service Awards.* By an amendment to the By-Laws of the Association, a new chapter XI provides that a special committee be created to be known as the Committee on Distinguished Service Awards of the American Medical Association. The Committee shall consist of five men. Nomination for the award may be made by any fellow of the Association, provided it is made in a manner prescribed by the Committee and not less than two months in advance of the next regular annual session of the Association. The committee shall consider the eligibility of nominees for the Distinguished Service Award of the American Medical Association on the basis of meritori-

ous service in the science and art of medicine and shall submit its findings and recommendations to the Board of Trustees annually. The Board of Trustees shall create and establish an award to be known as the Distinguished Service Award of the American Medical Association which shall consist of a medal and a citation.

It was very gratifying to the delegates from Michigan to know that our senior delegate, Dr. J. D. Brook, was reappointed a member of the committee on Distinguished Service Awards of the American Medical Association for a term of two years.

Due to an inopportune occurrence and consequent lack of time, Dr. L. J. Hirschman was unable to present his contribution on the subject of "The Report of the Board of Trustees and Secretary." Therefore in pinch-hitting for Dr. Hirschman, I feel I have made only a bunt but should be given the decision at first base for brevity.

The Report of the Board of Trustees and Secretary covering approximately 100 pages of the Handbook are replete with information and suggestions. The committee to which these reports were referred was as concise as possible in their recommendations, but at that their findings cover three columns of the House proceedings. Obviously it would be unfair to your time to even comment upon the various subjects very deftly treated by the Board. We therefore recommend to you the *reading* of these reports to the end that the individual doctor may grasp some idea of the voluminous and painstaking work being done at the Central office for organized medicine.

Best qualified to pick the wheat from the chaff on the subject of "Resolutions introduced" is Dr. H. A. Luce, who contributes as follows:

As usual in all representative types of conventions, much of the value consists in the informal discussion among the delegates about the hotel lobby, luncheon table, et cetera. The delegates discuss the problems that arise in their various districts and methods of approach to the solution. Most of the Michigan delegates have a large acquaintance with the other delegates and much confidential information is obtained that is of great value.

In conventions of any type, serious problems sometimes never appear in the public transactions of the meeting because it is not proper to take open action. For example, serious thought was given to the system of health service which appears to be a set-up of HOLC employees. This service includes complete medical, surgical and hospital services under the supervision and service of full time doctors. It is worth careful observation by medical organizations since it appears to violate many of the accepted principles of medical care and has formidable possibilities.

The House of Delegates considered and adopted many and far-reaching resolutions. Several of the more important are as follows:

Approved the campaign against syphilis.

Stressed the value of preventive medicine.

Provided for the creation of a Council on Industrial Health.

Defined "free choice of physician" as applied to contract practice and so amended the principles of medical ethics.

Defined hospital care under group hospitalization contracts as to consist of room, bed, board, routine nursing care and routine drugs, excluding all medical care.

Provided that the staffs of hospitals approved for intern training shall be members of their county medical societies.

Urged the formation of a national department of health under one head, in which would be consolidated all the health activities of the government.

Passed a resolution to provide for the selection of a meeting place three years beyond the time for the meeting.

Recommended that all county societies cooperate with rural organizations in providing good medical service to their respective communities.

Recommended that the American Medical Association establish a new Council on Industrial Health to consider the ever increasing phases of occupational diseases.

Resolution on the "Family Physician and the School Child," introduced by Dr. Burt R. Shurly, was adopted with slight change. The chief points in this resolution were that the name and address of the family doctor should appear upon the school card of every pupil and that in case of sickness or accident both the parents or guardian of the child and the family doctor be notified by the school authorities. A second point was that examination made by the family physician be accepted in lieu of the examination of the school physician.

Regarding the resolution on "Daily Census of Hospitals" introduced by Dr. Henry A. Luce, we report as follows:

Delegates to the A.M.A. were instructed by the House of Delegates at last year's meeting to present to the Council on Medical Education and Hospitals of the A.M.A. through the House of Delegates of the A.M.A. a resolution for the purpose of securing accredited internship approval for hospitals of 50 bed census. The subject was introduced by Dr. Luce and followed through to the Reference Committee by the Michigan Delegates accompanied by Drs. Penberthy and Hoffmann. The committee acted favorably on the resolution which was subsequently unanimously adopted by the House. Very shortly after this, Mercy Hospital and Foote Hospital of Jackson, Michigan, were placed on the approved internship training list.

Resolution requesting "North Central Association of Colleges to Amend Its Manual" introduced by Dr. T. K. Gruber was referred to the Committee on Medical Education. The request as set forth in the resolution was unanimously adopted in the following words of the committee recommendation:

"Your committee would urge that the North Central Association of Colleges and Secondary Schools modify its manual of accrediting procedures to permit each member institution to adopt its own health service in conjunction with its own County Medical society and to comply with the principles enunciated in paragraph I of the summary published on Page 95 of the Handbook."

Resolution introduced by Dr. L. J. Hirschman on the "Establishment of a Department of Public Relations" was referred to the Committee on Legislation and Public Relations, which gave it hearty approval in the following words: "Resolution on the Establishment of a Department of Public Relations has the hearty endorsement of your reference committee, which recommends its adoption in letter and in spirit and that the Board of Trustees indicate the technic of its accomplishment." This committee recommendation was unanimously adopted by the House.

Resolution introduced by Dr. H. C. Luce regarding the "Evils from Promiscuous Use of Barbituric Acid and Derivative Drugs," was unanimously adopted upon the following recommendation of the Committee on Miscellaneous Business: "Your reference committee recommends that the resolution be referred to the Board of Trustees with the request that the Bureau of Legal Medicine and Legislation take such action as in their judgment seem proper

to bring the use of these drugs under government control as requested in the resolution." This committee recommendation also was adopted without a dissenting vote.

Without question the most outstanding resolution presented was one introduced by Dr. Samuel J. Kopetsky of New York on "The Development of a National Health Program." This was the resolution which recommended the Federalization of medical practice. The Committee to which it was referred—the Committee on Executive Session, Dr. Thomas A. McGoldrick, New York, Chairman—reported as follows at the Tuesday afternoon Executive Session:

"Your reference committee believes that this subject presented here is too important, too vast and too widespread in its application to be justly and adequately considered in a few hours or even a few days by any reference committee. It recommends that the resolution be referred to the Board of Trustees of the American Medical Association for consideration and action at the earliest possible time."

Dr. Thomas K. Gruber, the baby of the delegation, has done an excellent job in his initial performance in reporting the high spots on the addresses of the Speaker, President and President-elect as follows:

The complete text of the addresses given by Dr. M. B. Van Etten, Speaker of the House of Delegates, Dr. Charles Gordon Heyd, President of the American Medical Association, and Dr. J. H. J. Upham, President-elect of the American Medical Association, were published in the June 19, 1937, issue of the *Journal of the American Medical Association*. The report of the Reference Committee on Reports of Officers reviewing these addresses was published in the June 26, 1937, issue of the *Journal of the American Medical Association*, and each member of not only the House of Delegates of the Michigan State Medical Society but each member of organized medicine should read these essays carefully, and thoughtfully peruse the material presented.

Dr. Van Etten, the speaker of the House of Delegates of the American Medical Association, pointed out that as far back as the era of Babylonian culture, four thousand years ago, medical men were organized and they were organized for the protection of the public. They were also organized for the purpose of improving the service rendered to the public by the physician. There was stressed in his address the responsibility of those elected to the administrative offices of organized medicine for the proper presentation of not only the attitude of the doctor but the possibility of obtaining by the public of better medical service for themselves through the use of facilities made available by the doctor.

Dr. Charles Gordon Heyd, President of the American Medical Association, pointed out many of the pertinent problems that are confronting not only the doctor but the recipient of the doctor's services. He outlined most admirably the difficulties confronting those elected to the high offices of the association in solving the problems at issue and reassured the profession that in the future as in the past medicine would solve these problems and continue to give the public adequate medical care. Dr. Heyd further pointed out "the ranks of organized medicine must stand fast, must speak unanimously with one resonant voice, so that medicine shall be free to explore the unheralded realms of science and march forward with increasing effectiveness. Hundreds of years ago it was stated that 'where there is no vision, the people perish.'"

Dr. J. H. J. Upham, President-elect of the American Medical Association, iterated and reiterated the

same general theme that was present in the addresses of the Speaker of the House of Delegates and the President of the Association. "Those familiar with the ideals and policies of the leadership of the American Medical Association know full well that those policies aim toward evolution rather than revolution."

No one can read these three doctors' addresses without realizing the unanimity of thought regarding what is going on and what is necessary, in not only protecting the public but the practitioner in placing both in a proper position regarding the health of the entire country, and, as stated at the beginning of this digest, each and every doctor in Michigan should be urged to personally read and carefully peruse these documents.

Although it is not in chronological order it is perhaps fitting to mention here that the House was honored at a special executive session on Thursday morning, June 10, to be addressed by Senator J. Hamilton Lewis of Illinois, who spoke very feelingly and at some length concerning socialization of medicine. It is not necessary at this time to comment on what Senator Lewis said, since you are undoubtedly familiar with it. It was printed in full in the *Journal of the American Medical Association* beginning on page 2221 and given wide publicity in the newspapers. One, however, wonders what, if any connection existed between Dr. Kopetsky's resolution and the defense of socialized medicine by Senator Lewis.

The address of Senator Lewis was referred to the Board of Trustees for consideration and for subsequent reference to the House of Delegates, if, in its wisdom, consideration by the House of Delegates is deemed to be necessary.

While we are firm believers in law observance, we nevertheless maintain it to be our inalienable constitutional right to use every honorable means to prevent the passage of a law which would impose upon the public and the doctor unnecessary fundamental changes in practice.

We therefore recommend to the officers of our Society and to this House of Delegates that the closest possible affiliation and coöperation be maintained with the officers and Board of Trustees of the American Medical Association to the end that unity of thought and action may enhance our defense in the battle with socialized medicine.

We believe the public is not yet ready to bow to those who would transform the doctor into a robot, controlled by lay pushbuttons, to thus terrorize the victim of real pathology with a mechanical crown of thorns.

The election of officers was unique in its execution. All were elected without opposition, upon motion to suspend the rules, by acclamation.

We refer to you briefly and request that you read the very excellent acceptance speech by the newly elected President-elect, Dr. Irving Able of Louisville, Kentucky.

We hope we have not unduly burdened you with the length of this report, but there is no other manner in which to bring to you concisely the high spots of a three day session of the National House.

While attending the sessions we have constantly in mind the wishes of those we represent. Michigan has a potent voice in the deliberations of its national body. To carry out your instructions, to enhance your collective and individual attainments is not only our obligation but our desire.

Respectfully submitted,

Delegates: J. D. BROOK, H. A. LUCE, L. J. HIRSCHMAN, C. R. KEYPORT, T. K. GRUBER.

THE SPEAKER: The report of Delegates to the American Medical Association will be referred to the Reference Committee on Reports of Standing Committees.

VIII. REPORTS OF STANDING COMMITTEES

The reports of Standing Committees, as you know, are published in the Delegates' Handbook. The chairman of the standing committees will be asked for further reports or supplemental reports. If there are any chairmen of subcommittees to report, I shall ask the chairmen of the standing committees to introduce the chairmen of their subcommittees immediately following.

The first standing committee to report, then, is the Legislative Committee. Dr. Christian.

1. LEGISLATIVE COMMITTEE

DR. L. G. CHRISTIAN (Ingham): Mr. Speaker, the report is in the Delegates' Handbook on Page 36. There is no supplemental report as the committee was all tired out. (Applause.)

1 (a). ADVISORY COMMITTEE ON GROUP HOSPITALIZATION

THE SPEAKER: Also submitted is the report of the Advisory Committee on Group Hospitalization, a subcommittee of the Legislative Committee (Page 41 of the Handbook.) Therefore, the reports of the Legislative Committee and its Subcommittee will be referred to the Reference Committee on Reports of Standing Committees.

2. JOINT COMMITTEE ON HEALTH EDUCATION

The report of Representatives to Joint Committee on Health Education? Is the chairman here? Dr. B. R. Corbus? (Absent.) If he should happen to return the Sergeant-at-Arms will please remind the Speaker.

If at this time there is no report from this committee the report will be referred to the Reference Committee on Reports of Standing Committees. If there is any further report it will be considered later.

The next is the Committee on Medical Economics, Dr. Pino, Chairman.

3. COMMITTEE ON MEDICAL ECONOMICS

DR. R. H. PINO (Wayne): Mr. Speaker, I wish to present the report as given in this Handbook (Page 49) with only a few additional remarks. You will notice that the uniformity that is called for in this report has been accepted in principle by The Council as a part of the program that has been outlined by Dr. Cook. We have gone into great detail and have presented the facts from time to time to The Council.

There are some principles involved that I want to call to your attention in order that there may be no misunderstanding of the need, as we go along, of some uniformity in the care of the indigent. I refer now to those on old age pensions. The largest amount that those individuals get, as I understand it, is \$30 a month.

You can understand what will happen if the medical profession asks for extra money (which should be asked for in order that these people may have medical care) and if all others interested in these people, these people they have to buy from (and they have to buy something), ask for something, from the standpoint of economics, in this process of socialization of everything.

I want to call to your attention the point that probably the money will not be forthcoming to care for the medical aspects of this thing, and therefore those people will be in the same group as indigents. When we have any great body of people cared

for through state and federal funds and we do not have some uniformity of care throughout the counties there is certain to be a chaotic condition that we cannot control which will result in the taking of this out of our hands and placing it in the hands of those who have a different philosophy.

We desire to change the name of the Economics Committee (and this will come up by resolution) to the "Committee on the Distribution of Medical Care," for the reason that when the sociologist thinks about these things it is not in relationship to the cost except the cost to the individual, not the great national cost. They think of it in terms of whether or not we are distributing this care.

In the program as set forth in the Handbook we have in mind the responsibility of seeing to it that these people all do get care. That leads to one other danger that I want to call to your attention for the reason that the county societies, especially where there is a large population, need to give thought to this fact. In the minds of many people there are two classes who need medical care and who are affected from this economic angle. There are those who can pay and those who cannot pay. We need to give thought to plans whereby those who come in between can pay part, and if we tend to disregard that responsibility then others are going to take care of them.

Therefore, in connection with the work in our probate courts we must bear in mind that we must fix it so that those for whom it has been determined that they can pay will have some arrangements made whereby they can pay what they can and as they can. In other words, if the person needs to have a tonsillectomy and says he hasn't the cash, but the cost is going to be \$25, we must arrange a system or a method whereby he can take care of that, a little bit at a time, as he can, or else we are going to make two decided classes, those who can pay readily and those who cannot, with the result that with the present sociological trends we will dump many thousands of people into the group of those who can pay nothing.

I call it to your attention because it is my impression that there are some who think, "Oh, well, these will be taken care of. We have always taken care of them. Let them go that way." That is not the way the sociologist looks at it at all. I hope that we may bear that in mind as we go back to our counties, especially those counties with a large population, and we may think upon this thing in connection with our probate court cases. (Applause)

THE SPEAKER: The report of the Standing Committee on Medical Economics will be referred to the Reference Committee on Reports of Standing Committees.

4. CANCER COMMITTEE

Next is the report of the Cancer Committee. **DR. O. A. BRINES.** (Absent.) The reference committee will find the report of the Cancer Committee in the Handbook. It will be referred to the Reference Committee on Reports of Standing Committees.

Next is the Preventive Medicine Committee. Dr. Geib.

5. PREVENTIVE MEDICINE COMMITTEE

DR. L. O. GEIB (Wayne): Mr. Speaker, you will find the report of the Preventive Medicine Committee on Page 54 of the Handbook and I haven't anything additional to add to that.

5(a). ADVISORY COMMITTEE ON SYPHILIS CONTROL

At this time I should like to submit for Dr. Loren W. Shaffer, Chairman of the Subcommittee on Syphilis Control, the report of his committee (to be found on page 56 of the Handbook).

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THE SPEAKER: The reports of the Preventive Medicine Committee and its Subcommittee on Syphilis Control will be referred to the Reference Committee on Standing Committees.

The Committee on Postgraduate Medical Education, Dr. J. D. Bruce.

6. COMMITTEE ON POSTGRADUATE MEDICAL EDUCATION

DR. H. H. CUMMINGS (Washtenaw): Mr. Speaker, Officers and Members of the House of Delegates: Dr. Bruce regrets that he cannot be with you today. A previous engagement in Washington makes it impossible for him to be here, but he wanted me to convey his greetings and wish each one of you a very profitable convention.

In your Handbook on Page 59 you will find the Annual Report of the Committee on Postgraduate Medical Education, and on Page 64 you will find a supplemental report dealing with an Educational Endowment Fund. It is something that Dr. Bruce has in mind and I think it is worthy of serious consideration. It is quite a proposition. He asked me to present one more supplemental report and I will read it as he has written it.

Supplemental Report Postgraduate Certification

One of the very important functions, if not the most important, of a state medical society is the development of ways and means whereby the practitioner may be enabled to render the highest possible quality of service. This has engaged the attention of both state and national bodies throughout the years.

After years of experimentation and study the Michigan State Medical Society has, we believe, evolved a plan whereby this educational need is being met effectively so far as educational standards are concerned and with a minimum of effort on the part of the practitioner. Apart from the material advantages and the greater ability to serve which the Michigan program of postgraduate education offers the profession, it has been deemed appropriate that a form of special recognition be given by the Society to those who qualify in accordance with the standards set up. While additions and changes will undoubtedly be made from time to time to meet the constant advances in medical science, the Committee on Postgraduate Education feels that the courses laid down by the Society are sufficiently standardized to admit of certification of those members who have availed themselves of the various opportunities of the past eight years.

The Committee therefore recommends that certification be awarded those members who have complied with the requirements of the four-year extramural program which will be completed in November of this year. In addition to these members, the Committee recommends that certification also be awarded all of those members of the Society who have done comparable postgraduate work either within or without the State.

The Committee recommends that at the annual meeting in 1938, a suitable period, preferably the evening of the induction of the President of the Society, be set aside for the presentation of such certificates, and that all members entitled to same be urged to be present in person to receive them.

The Committee further recommends that the major portion of the evening be devoted to the discussion of higher education in medicine, for which suitable speakers should be selected.

The matter of certification was fully discussed and approved at the last meeting of the Committee

on Postgraduate Education and a typewritten form of certification is herewith presented for your consideration. It is contemplated, of course, that the certificates will be printed or engraved suitably. A form which the University uses for a somewhat similar purpose is appended to give a better idea of how the certificate might look when completed.

We beg to call to your attention to the attendance of a number of physicians who are not members of the Michigan State Medical Society. This attendance has been encouraged, but would it not be well for the Society to pass formally upon the propriety of issuing certification for attendance to non-members?

Respectfully submitted
JAMES D. BRUCE
Chairman.

DR. H. H. CUMMINGS (Washtenaw): The proposed certificate has at the top: "MICHIGAN STATE MEDICAL SOCIETY." Then it goes on: "John J. Jones, M.D., having complied with the requirements of the Michigan State Medical Society, is hereby awarded a CERTIFICATE OF ATTENDANCE IN POSTGRADUATE EDUCATION—1937."

It is signed by the President of the Society, by the Chairman of the Postgraduate Committee of the Society, and the Secretary. The certificate will appear something like this (displaying). Thank you. (Applause)

THE SPEAKER: The Supplemental Report of the Committee on Postgraduate Medical Education will be referred to the Reference Committee on Reports of Standing Committees.

7. PUBLIC RELATIONS COMMITTEE

DR. L. FERNALD FOSTER: The report of the Public Relations Committee is complete in the Handbook.

THE SPEAKER: The report of that committee, therefore, will be referred to the Reference Committee on Standing Committees.

8. ETHICS COMMITTEE

DR. H. W. PORTER: That report, I believe, you will find complete in the Handbook. It likewise will be referred to the Reference Committee on Standing Committees.

That completes our first session. It is now eleven-ten. At this time I should like to have the chairmen of those reference committees come before the Speaker's table and receive their portfolios and announce to their committees when and where they will meet.

Members of the House: It would seem to me that inasmuch as there is much to do at the second session and as we have now completed our first session at approximately eleven-fifteen, I would like to have instructions from the House as to whether it would not be feasible to advance the hour of meeting this afternoon to two o'clock. I believe that approximately three hours should give those reference committees ample time and I feel we are going to need every bit of the afternoon for the second session. The Chair would like your instruction.

DR. C. F. SNAPP (Kent): I so move, that we advance the hour to two o'clock.

DR. GROVER C. PENBERTHY (Wayne): Second it.

The motion was put to a vote and carried.

THE SPEAKER: The Chair will now entertain a motion to recess.

DR. WM. J. STAPLETON (Wayne): I so move.

DR. W. F. MERTAUGH (Chippewa-Mackinac): Second.

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THE SPEAKER: Before I put that motion to a vote I should like to take the time to read this telegram from our President:

Wishing you every success in your undertaking at this, the seventy-second annual meeting of our Society. I am pulling for you every minute. Feeling better each day.

H. E. Perry. (Applause)

The meeting was recessed at eleven-seventeen o'clock.

Monday Afternoon Session

September 27, 1937

The second session of the House of Delegates convened at two-ten o'clock, Speaker Reeder presiding.

THE SPEAKER: The meeting will come to order.

Is the Credentials Committee ready to report?

THE SECRETARY: I hold in my hand the names of 80 accredited delegates. This being a quorum for the second session of the House of Delegates, I move that it constitute the official roll call of this second session.

The motion was regularly seconded, was put to a vote and carried.

IX. REPORTS OF SPECIAL COMMITTEES

THE SPEAKER: I therefore declare the second meeting of the House of Delegates open and ready for business. We shall proceed. Now going to reports of special committees, first is the Maternal Health Committee.

1. MATERNAL HEALTH COMMITTEE

This report, as found on Page 71 of the Delegates' Handbook is referred to the Reference Committee on Reports of Special Committees.

2. CONTACT COMMITTEE TO GOVERNMENTAL AGENCIES

DR. H. H. CUMMINGS (Washtenaw): It is found on Page 74 of the Handbook.

THE SPEAKER: No further report? If not, that report will be referred to the Reference Committee on Special Committees.

3. MENTAL HYGIENE COMMITTEE

DR. HENRY A. LUCE (Wayne): Mr. Speaker, the report of the Committee on Mental Hygiene is published in the Handbook (Page 75).

THE SPEAKER: If there is no further report, that report of the Mental Hygiene Committee will be referred to the Reference Committee on Reports of Special Committees.

4. RADIO COMMITTEE

That report as found in the Handbook (Page 77) will be referred to the Reference Committee on Reports of Special Committees.

5. ADVISORY COMMITTEE TO THE WOMAN'S AUXILIARY

If there is no further report, that as found in the Handbook (Page 76) will be referred to the Reference Committee on Reports of Special Committees.

6. LIAISON COMMITTEE WITH HOSPITAL ASSOCIATION

DR. T. K. GRUBER (Wayne): The report of the Liaison Committee with the Hospital Association is found on Page 80 of the Handbook.

THE SPEAKER: The report of the Liaison Committee with the Hospital Association will be referred to the Reference Committee on Reports of Special Committees.

7. LIAISON COMMITTEE WITH STATE BAR

It is here, and will be referred to the Reference Committee on Reports of Special Committees.

8. LIAISON COMMITTEE WITH DENTISTS, NURSES AND PHARMACISTS

If there is no further report, that will be referred to the Reference Committee on Reports of Special Committees.

9. JOINT REPORT OF THE COMMITTEE STUDYING SCHEDULES A, B, C, D, AND OF THE MSMS-MHA-MAR COMMITTEE

DR. E. R. WITWER (Wayne): That is in the Handbook on Page 83. Under the circumstances, I think it would be well for the House of Delegates to be informed as regards the third paragraph. You understand that the Michigan State Medical Society, the Roentgenologists' Association, as well as the Hospital Association, were represented on this joint committee. We had several meetings with the Auditor General and the Crippled Children Commission and we had three proposals which had previously been reported to the Executive Committee of the Council of the Michigan State Medical Society. Members of this committee also visited Lansing on several occasions to confer with the Auditor General and the Crippled Children Commission.

Under the 1937 legislative amendments to the Crippled and Afflicted Child Acts, the fee schedules must be revised semiannually, on September 1 and March 1. Your committees worked with the Crippled Children Commission and the Auditor General on the schedules published as of September 1, 1937. The main point of issue, unsettled as of this date, is the matter of placing the roentgenological fee schedule in Schedules A and C, along with those of other independent practitioners, and not in Schedules B and D, the Hospital Rate Schedule, as well as the question of the amount of the discount to be allowed to the state by radiologists.

I think at a subsequent period during this session there will be some proposals made which may help to clarify some of this misunderstanding that exists. There is no supplemental report.

THE SPEAKER: The joint report of these special committees will be referred to the Reference Committee on Reports of Special Committees.

Mr. Secretary, are there any other special committees to report?

THE SECRETARY: Not to my knowledge.

THE SPEAKER: Does anyone know of any other special committees to report? Hearing none, we shall proceed.

X. UNFINISHED BUSINESS

Our next order of business is that of Unfinished Business. Other than that which is in print, is there any unfinished business to come before this meeting? Otherwise, we shall continue with that which is printed, namely four amendments to the Constitution.

1. AMENDMENTS TO THE CONSTITUTION

THE SECRETARY: These are found on Page 86 and Page 88 in the Handbook.

THE SPEAKER: That includes all four of them. This matter will be referred to the Reference Committee on Amendments to Constitution and By-Laws.

Is there any other unfinished business? If not, we shall proceed to the item of resolutions.

XI. RESOLUTIONS

1. TRANSFER OF HILLSDALE COUNTY SOCIETY TO 2ND COUNCILOR DISTRICT

DR. J. E. MCINTYRE (Ingham): I should like to call to the attention of the House of Delegates that through error a couple of years ago there was a resolution offered before the House of Delegates by a member, a delegate, I believe, from Calhoun County, not a member of Hillsdale, asking that

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Hillsdale County be transferred to the Third Councilor District in place of the Second. That was an error and a petition was presented to me from Hillsdale County asking me to present it to The Council, which I did. In the meantime, Dr. Geo. C. Hafford had resigned and Dr. Wilfrid Haughey had come on the Council to represent the Third District.

We ironed it out in The Council. We settled the matter. Hillsdale's status had not changed because it had never left the Second District. However, I would be better satisfied if the delegate from Hillsdale would offer a resolution that that action of The Council be ratified by the House.

DR. L. W. DAY (Hillsdale): I should like to make a motion that the House of Delegates go on record as ratifying the fact that Hillsdale County remains in Councilor District No. 2.

The motion was regularly seconded.

THE SPEAKER: You have heard the motion. It is supported. Is there any discussion?

The motion was put to a vote and carried.

THE SPEAKER: That really is just a confirmation. I don't think that is referable to any committee, is it?

DR. J. E. MCINTYRE (Ingham): It is confirmatory of action which Dr. Haughey and myself recommend.

THE SPEAKER: I don't think you are quite right. You should really be bringing that up under unfinished business as it has been carried since last year, rather than as a resolution.

DR. MCINTYRE: The Council decided it.

THE SPEAKER: Was that matter brought to the attention of the House a year ago?

DR. MCINTYRE: I believe not, not to my knowledge.

THE SPEAKER: Then I presume that should come either under the head of new business or else have a resolution to be referred. However, it seems to be settled now.

DR. H. A. LUCE (Wayne): May I ask that the matter be settled by referring to the minutes of last year's meeting?

THE SPEAKER: Could that matter be settled by reference to the minutes of last year's meeting?

DR. LUCE: It was my impression that the matter was taken care of in Detroit.

THE SPEAKER: It does have to say who offered the motion.

DR. L. W. DAY (Hillsdale): Mr. Speaker, I believe Dr. Wade, from Coldwater of the Third District, can clarify the situation considerably.

DR. R. L. WADE (Branch): Mr. Speaker, after a conversation with some of the members of Hillsdale County Medical Society it was an understanding that Branch County had, with some of those members, that Hillsdale preferred to go into the Third District with Branch, Calhoun, and St. Joe. In the absence of the delegate from Hillsdale County, I talked to some members of Branch County and they asked me to bring this matter before the House of Delegates, and at that time I presented it. It was voted that they be allowed to do so, that Hillsdale be allowed to come into the Third District, if they desired to do so. But it appears now that they did not desire to do so, and it appears to me that their status is practically what it was before, that they are still part of the Second District.

THE SPEAKER: Would this action taken here, today, clarify the matter?

DR. R. L. WADE (Branch): I think it was clarified before.

THE SPEAKER: Are you still in the same position as you were?

DR. WADE: They preferred to remain where they were rather than come into the Third District.

THE SPEAKER: Then on the action taken here today, moved, supported and voted favorably upon by this House of Delegates—does that satisfy you?

DR. WADE: Oh, yes.

THE SPEAKER: Then the matter is settled.

DR. WADE: It makes no difference to us at all.

THE SPEAKER: With reference to Dr. Luce, what does the Secretary find?

THE SECRETARY: The following is taken from the proceedings of last year, in the November JOURNAL, Page 750, Paragraph 15.

The Secretary read the reference mentioned.

DR. R. L. WADE (Branch): The intent of that motion was that it was optional with Hillsdale County whether they do that or not.

THE SPEAKER: After all, gentlemen, are you satisfied with the action taken here today?

DR. WADE: It is perfectly satisfactory, so far as I am concerned.

THE SPEAKER: So far as your society is concerned?

DR. WADE: Yes.

DR. L. W. DAY (Hillsdale): According to what the Secretary read there, we are in the Third District. Is that right?

THE SPEAKER: You were. Of course, that motion, literally speaking, was not rescinded, while you had a new motion, just made as I take it, and passed upon here.

DR. DAY: Is that motion retroactive?

THE SPEAKER: In one sense of the word, you really have rescinded that motion. Are you now satisfied?

DR. DAY: Absolutely.

THE SPEAKER: If you are satisfied, I think the rest of us are. We shall now continue with the resolutions. I recognize the Vice Speaker.

2. DR. LEO GREGORY CHRISTIAN

THE VICE SPEAKER: Mr. Speaker and delegates: There is a time in the life of every organization when some force seems to strike. I don't mean a sort of force like lightning, which levels everything in its pathway but I mean the sort of force that we see in nature. Sometimes we see it in perennial plants. You can take a peony bush, for example. Transplant it and it will grow every year to be a pretty good-sized bush, but it doesn't blossom. Suddenly some God-given force seems to strike it and it blossoms and flowers luxuriantly.

I have been coming to this House of Delegates for about ten years, and many of you have been coming longer than I have. We have seen many great changes take place in this House of Delegates. Some of them were a process of natural evolution while others were sort of struck by a force which moves within the Society. I have been watching one of these forces rather dynamic in character; in fact, I have been on several committees with this particular individual. I recall back in the days of the depression when we were both on the Economics Committee. We tried to formulate an insurance plan whereby we would get some compensation for care of the indigent. We did evolve an insurance plan and we nearly went astray with it. This particular individual spent his force like an air brake, so to speak, and as I look back now it is probably a good thing he did. The next year we were put on another important committee, and this time we had the civic rights of 5,500 doctors at stake. It was our first time on this committee. We went up to Lansing. It was an off year with the legislature and we decided to make it an educational year. The Governor called a special session of the legislature, in which we had no particular interest, except to educate ourselves and the men

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we were dealing with. In other words, we cut our front teeth on that session of the legislature.

The following year we were reappointed on this Legislative Committee. This was to be a big year for doctors. We were going to try to put through some legislation whereby the doctors would get some money for the indigent cases which we were caring for.

The committee, animated by this particular individual, "went to town," so to speak. This committee had been well manned in previous years and had been very active. Like the peony bush in my back yard, it had never had a blossom on it, but this year it did produce.

A year or so later, in fact, a year ago tonight, this gentleman was asked to head the 1937 Legislative Committee. He was very reluctant to do so. He had had enough of it. So had some of the rest of us, but some of us who thought we knew, figured that he was the only man in the whole Society who could deliver the goods. After some persuasion he was induced to accept the chairmanship.

We went along, and in February the days got pretty dark. One very valuable member of our committee died. That was the late Dr. Fred B. Burke of Detroit. Others were on the sick list. It looked like our program was headed for the rocks. But these handicaps did not dampen this man's ardor. He said from the beginning he had never been defeated and he wasn't going to take a licking now.

Gentlemen, he knew what he was talking about. As Al Smith says, take a look at the record.

Dr. Christian, the Officers and Council of the Michigan State Medical Society are cognizant of what you have done, this House of Delegates is very grateful to you for your efforts, the people of Michigan are forever indebted to you, and on behalf of the Michigan State Medical Society, I wish to present to you this scroll:

LEO G. CHRISTIAN, M.D.

In recognition of his service to Humanity and to Medicine.

Michigan State Medical Society,
Henry E. Perry, M.D., President,
L. Fernald Foster, M.D., Secretary.

September 17, 1937.

(Applause)

Dr. L. G. CHRISTIAN (Ingham): In accepting this I do it with a great deal of humility. If our legislative program was a success, it is due to many factors. First, because the individual doctor, the member of this Society, was determined that we were going to have a hearing in the legislature. The officers of the county medical societies, their policy committees and their legislative committees, are a bunch of energetic fellows who never let us down. Every request that we sent to them they fulfilled. As for the Council and State Society and Executive Committee, we never went to them with a request, for which we had good reason, that they didn't approve. Dr. J. B. Bradley of Eaton Rapids is 80 years old. He was our adviser. Through the years, he has been mixed up more or less in politics. He knows the legislature. The hour was dark, we were in a crisis, so old Jim Bradley came to Lansing and spent one, two or three days getting us out of our mess. You all know what Dr. Henry E. Perry has done. He moved in at Lansing during the session and stayed there until they were ready to go home. He taught these people by his very action and by word the idealism of the medical practitioner of Michigan.

Now we are coming down to my own committee. The Legislative Committee was unanimous in all its decisions as to policy. Finally, there were some expert political contacts that I was fortunate enough

to make, and they became medicine's contacts. It is those men, elected and appointive officers of the state government, that I want to thank for their advice, for their counsel, for getting us out of the jams. I feel this so strongly that the only way I can repay them is to personally support them should they ever run for reelection.

All of that background would have been absolutely of no avail if we had not had Bill Burns, this Bill Burns, in Lansing. Bill Burns has gone to two sessions of the legislature. He has arrived. He knows his business. I am not alone in saying this. In Lansing, there are probably twenty men, public relations men, who are watching the legislative interests for their employers, whether they be railroads, boards of education, motor car manufacturers, or what-not. Those men we again relied upon. They were friends of ours and friends of medicine. Those men were unanimous in their decision and in their opinion that Bill Burns has arrived. Three of the most astute politicians in the state government personally informed me that, with proper support from us all, Bill Burns can take care of our legislation in a satisfactory manner in the years to come. This isn't a eulogy of Bill Burns. It is a plea to the Council and House of Delegates not to depend upon the doctor of medicine, not to ask him to do this political contact work. No doctor of medicine can afford it. We have no right to ask any man to give up \$2,000 of his money that is lost in his practice to do this work. Nor should we have to do it.

You men of Wayne who are acquainted with Bill and worked with him and saw him, know what he can do. I worked with him for five or six months. There was no task that was too hard, no hour that was too long, and there was nothing that was too tough for Bill to tackle. He was our contact man last time and he should be our representative in the future.

My impression of the future Legislative Committee of the Michigan State Medical Society is that it should be along this line: the committee should formulate the policy of legislation; then, after it has been approved by The Council, they should hand it to Bill. The technique of legislation should not interest us. The time of introduction, the interviewing of committees and governmental officials connected with the piece of legislation, and also the entire legislative body, should be under his management.

I can't say it too much and I can't say too strongly that we are fortunate in bringing a man of that type into our employ. I feel that since Bill Burns knows the legislature and they know whom he represents, we should contact that legislature through our representative.

I will say this: If we do that and if we give Bill Burns the support that you gave our committee, this time medicine is in safe hands in Lansing. Thank you, gentlemen. I shall keep this as a treasure. (Applause)

THE SPEAKER: Are there any other resolutions? The Chair will recognize Dr. O'Meara.

3. EMERITUS AND RETIRED MEMBERSHIPS

Dr. J. J. O'MEARA (Jackson): I should like to propose for emeritus membership, Dr. A. J. Roberts. He is seventy-seven years of age and has practiced medicine in the city of Jackson and throughout our territory for fifty-two years.

I should also like to propose for emeritus membership the name of Dr. J. C. Kugler, seventy-six years of age, who has been practicing medicine around about Jackson for fifty-one years. I should also like to propose for emeritus membership the name of

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Dr. D. W. Fenton, of Hillsdale, a man eighty-six years of age, in the practice of medicine for sixty-two years.

THE SPEAKER: Do you offer that as a resolution?

DR. J. J. O'MEARA (Jackson): I offer that as a resolution.

THE SPEAKER: That will be referred to the Reference Committee on Resolutions.

The Chair desires to recognize Dr. Keyport.

DR. C. R. KEYPORT (O.M.C.O.R.O.): Mr. Speaker and Members of the House of Delegates: This is a resolution from the O.M.C.O.R.O. County Medical Society.

Petition

Petition to the members of the House of Delegates of the Michigan State Medical Society from the members of the O.M.C.O.R.O., September 27, 1937.

WHEREAS—Dr. Levi Harris of Gaylord, Michigan, has been active in the practice of medicine for the past fifty-three years, having graduated in 1884, and

WHEREAS—Dr. Harris has been a member in good standing in the O.M.C.O.R.O. County Medical Society and the Michigan State Medical Society since 1905—therefore

We, the members of the O.M.C.O.R.O., petition the members of the House of Delegates of the Michigan State Medical Society to confer upon Dr. Levi Harris the honor of Member Emeritus in the Michigan State Medical Society.

THE SPEAKER: You offer that as a motion?

DR. KEYPORT: Yes, sir.

THE SPEAKER: That will be referred to the Reference Committee on Resolutions.

I recognize Dr. Penberthy.

Resolution

Upon recommendation of The Council of the Wayne County Medical Society, we respectfully submit to the House of Delegates of the Michigan State Medical Society the following two names for candidates as Members Emeritus of the State Society of Affiliate Fellows of the American Medical Association. The requirements of the By-Laws of the Wayne County Medical Society and Michigan State Medical Society with reference to Emeritus Membership have been met in these cases.

Dr. O. S. Armstrong has been engaged in the active practice of medicine for sixty years. He was born in Glen Allan, Ontario, in 1851, graduated from the University of Michigan in 1877, and established practice immediately after graduation in the City of Detroit. Dr. Armstrong is the oldest living Past President of the Wayne County Medical Society. He has been a member of the W.C.M.S. ever since his graduation in 1877 and became a member of the State Society and the American Medical Association a few years later. In recognition of his long period of service Dr. Armstrong was made an Honor Member of the Wayne County Medical Society December 17, 1928.

Dr. W. R. Chittick has been engaged in the active practice of medicine for fifty-five years. He was born in Ontario in 1858, graduated from the Long Island College of Medicine in 1882. Dr. Chittick was made an Honor Member of the Wayne County Medical Society, October 19, 1926. He has been a member of the Michigan State Medical Society and the American Medical Association since 1906, a period of thirty-one years.

GROVER C. PENBERTHY, M.D.

THE SPEAKER: It is referred to the Reference Committee on Resolutions. May I remind the committee to read the By-Laws and see what the requirements are for membership in these four dif-

ferent classes, associate, retired, honorary, and emeritus. They should see that these fit properly into the membership picture. Are there any other resolutions?

DR. L. G. CHRISTIAN (Ingham): I wish to present for emeritus membership the name of Dr. Alfred L. Arnold, of Owosso, age eighty years, graduated in medicine fifty-one years ago. He has been a member of Shiawassee Medical Society since its organization. He has been active in civic and medical affairs. His father was president of Shiawassee County.

THE SPEAKER: It is referred to the Reference Committee on Resolutions.

DR. ALFRED LABINE (Houghton): We don't write about our men. We will give you their names. I propose them for this honor, emeritus membership. Dr. R. J. Maas, who over fifty years ago was the physician for the Franklin Quincy Mining Company. He is from Houghton, Michigan.

We should also like to mention Dr. W. P. Scott, who sixty years ago was the first mine physician on Isle Royale.

THE SPEAKER: They are referred to the Reference Committee on Resolutions.

DR. S. C. MASON (Menominee): I wish to present the name of Dr. Edward Sawbridge of Stephenson for emeritus membership in the State Society.

Resolution

At a meeting of the Menominee County Medical Society, September 22, 1937, at Hotel Menominee, the following resolution was made.

RESOLVED, that the name of Dr. Edward Sawbridge of Stephenson be proposed for emeritus membership in the State Society.

He graduated from Rush, February, 1883, and located at Stephenson, November, 1883.

He has served his County Medical Society as President and has always given of himself unselfishly to professional and civic enterprise. He has served as Menominee County Trustee on the Board of Pinecrest Sanatorium at Powers, from the inception of the idea to the present time, during which period it has grown from a two-county to a four-county institution.

He has been a credit to his profession and has practiced for over fifty-three years in Michigan.

THE SPEAKER: It is referred to the Reference Committee on Resolutions.

DR. WM. C. ELLET (Berrien): Mr. Speaker, I have a petition here.

Resolution

To The House of Delegates, Michigan State Medical Society 1937 meeting, Grand Rapids, Michigan.

The Berrien County Medical Society herewith send their greetings to the House of Delegates of the Michigan State Medical Society, and ask for the consideration of the following Resolution, adopted at the August meeting of the Berrien County Society held at Benton Harbor.

BE IT HEREBY RESOLVED, That the Delegate of the Berrien County Medical Society to the Michigan State Medical Society be hereby requested to present the name of a member of our society, for that of a Retired Member (according to Section V, Article III of the Constitution).

This man has been a member of the Berrien County Medical Society for forty years, one time Secretary, Delegate, and President, always an active member, deeply interested in the aims of his County Society, always keeping the interest of his colleagues and the profession as one of primary consideration.

THEREFORE, We present to you the name of Edward J. Witt for a Retired Member of the Michigan

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State Medical Society, and the Berrien County Medical Society.

We hereby request that his name be inscribed on the rolls of the State Society as such a member.

(Signed),

BERRIEN COUNTY MEDICAL SOCIETY

By the Secretary,

A. F. BLIESMER.

Resolution

To The House of Delegates, Michigan State Medical Society 1937 meeting, Grand Rapids, Michigan.

The Berrien County Medical Society herewith send their greetings to the House of Delegates of the Michigan State Medical Society, and ask for the consideration of the following Resolution, adopted at the August meeting of the Berrien County Society held at Benton Harbor.

BE IT HEREBY RESOLVED, That the Delegate of the Berrien County Medical Society to the Michigan State Medical Society be hereby requested to present the name of a member of our society, for that of a Member Emeritus (according to Section VI, Article III of the Constitution.)

This man graduated from the University of Michigan in 1886, locating in Niles, Michigan, as a practitioner of Medicine, later specializing in diseases of the eye, a pioneer in this specialty in the State of Michigan, a member of his County Society for over thirty years, holding the respect of his colleagues in this society, and having an extensive practice with the resultant appreciation of thousands of patients, and carrying on to the best of his ability his ideas of the practice of his specialty;

BE IT THEREFORE RESOLVED, That the Berrien County Society present to the Michigan State Medical Society the name of Dr. Fred N. Bonine as Member Emeritus.

We hereby request that his name be inscribed on the rolls of the State Society, as such a member.

(Signed),

BERRIEN COUNTY MEDICAL SOCIETY

By the Secretary,

A. F. BLIESMER.

DR. J. M. ROBB (Wayne): I didn't know Dr. Bonine was a member of the State Society and I must admit that at the present time I am confused as to whether to support the thing or not without a little discussion.

THE SPEAKER: The matter is open for discussion.

DR. CARL F. SNAPP (Kent): May I ask a question? Is the man a member in good standing in the Berrien County Society?

DR. WM. C. ELLET (Berrien): He is, doctor, and has been for years.

DR. ROBB: Of the State Society?

DR. ELLET: He must be.

THE SPEAKER: Your information was thirty years?

DR. ELLET: All the information I have was presented by my Councilor. I present that to you.

THE SPEAKER: You were presented with that information by the officers of the society?

DR. ELLET: Yes, sir.

THE SPEAKER: By your president and secretary?

DR. ELLET: The resolution is signed by the secretary.

DR. E. D. SPALDING (Wayne): Point of information. Is the only requisite for emeritus membership the holding of membership in the Society for a certain number of years?

THE SPEAKER: Is there any further discussion of this resolution?

DR. P. L. LEDWIDGE (Wayne): I should like to have one point of information.

DR. SPALDING: I rose on a point of information.

THE SPEAKER: Will you raise your point again?

DR. SPALDING: I asked whether the only requirement for emeritus membership is simply the length of membership in the State Society. Is that sufficient?

THE SPEAKER: Will the Secretary inform the gentleman?

THE SECRETARY: That is emeritus, Dr. Spalding? Any physician who has been in practice for fifty years and who has maintained a membership in good standing for twenty-five years may upon application or recommendation of the county society become an emeritus member.

DR. SPALDING: It says he may. It doesn't say he shall.

THE SPEAKER: Your vote would determine that, if I can answer you there. Just because he is eligible doesn't mean that he might be elected.

DR. P. L. LEDWIDGE (Wayne): Point of information. If this name is passed upon favorably by the Committee on Resolutions, does that mean that we have to accept him?

THE SPEAKER: No.

DR. LEDWIDGE: There is a chance for discussion at that time?

THE SPEAKER: There is. Is there any further discussion? Ready for the question as to whether this shall go to the Committee on Resolutions or not?

DR. WM. C. ELLET (Berrien): There were two separate resolutions.

THE SPEAKER: We shall vote on these separately. Will the Secretary read the first name?

THE SECRETARY: The first one is for retired membership, and the name is that of Dr. Edward J. Witt.

THE SPEAKER: Will you read the details about him again?

THE SECRETARY: "This man has been a member of the Berrien County Medical Society for forty years, one time Secretary, Delegate, and President, always an active member, deeply interested in the aims of his County Society, always keeping the interest of his colleagues, and the profession, as one of primary consideration."

THE SPEAKER: Will Dr. Ellet make a motion individually on this case?

DR. WM. C. ELLET (Berrien): I believe I already have made that motion.

THE SPEAKER: Individually?

DR. ELLET: Yes, sir.

THE SPEAKER: You made it collectively on the two.

DR. ELLET: I offered the two resolutions.

THE SPEAKER: You did?

DR. ELLET: Yes.

THE SPEAKER: Is the motion seconded?

The motion was regularly seconded.

THE SPEAKER: Is there any discussion?

DR. E. D. SPALDING (Wayne): I rise to a point of order in voting on this thing.

On Page 101 it says: "All resolutions introduced into the House shall be in duplicate and presented to the Secretary immediately after the delegate has read the same and shall be referred to the proper committee by the Speaker before action thereon is taken."

THE SPEAKER: Therefore, we don't need to vote on these. So I see. We vote on them after they come back from the Reference Committee on Resolutions. The House will accept that. We need not vote any further on these resolutions. We simply refer them to the Committee on Resolutions. There-

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fore, this will be referred to the Reference Committee on Resolutions. Are there any further resolutions?

4. COMMITTEE ON DISTRIBUTION OF MEDICAL CARE (BY-LAWS AMENDMENT)

DR. R. H. PINO (Wayne): I have a few resolutions I wish to submit.

Resolution

WHEREAS, The duties of the Economics Committee of the Michigan State Medical Society are concerned largely with the problems of the distribution of medical care; and

WHEREAS, The Economic aspects of medical care, while essential, are not the prime objectives in the distribution of medical care; and

WHEREAS, Emphasis on the word economics in connection with medical society activities conveys to the public a wrong emphasis and a tendency to misunderstanding of the true objectives of the Society; and

WHEREAS, The term "distribution of medical care" is definitely more comprehensive and sets forth the functions of the Committee more adequately;

BE IT RESOLVED, That Chapter 6, Section 3 of the By-laws of the Michigan State Medical Society be changed to read, "The Committee on the Distribution of Medical Care," in lieu of "Committee on Medical Economics."

DR. PINO: Then I should like to present another resolution.

5. MORALS

Resolution

WHEREAS, One of the most serious problems confronting our people is that of crime and criminal tendencies among our youth; and

WHEREAS, Sex crime constitutes so large a proportion that the Federal Bureau of Investigation headed by J. Edgar Hoover is soliciting aid from every responsible source; and

WHEREAS, The drug marihuana which seriously affects the emotional level of individuals is rapidly increasing in production and consumption to the extent that it has become a serious problem to the Federal Bureau of Narcotics; and

WHEREAS, We also recognize the detrimental effects of certain pictures and programs on the screen, and in magazines produced for public consumption and seemingly not adequately censored from the standpoint of mental hygiene; and

WHEREAS, Untiring efforts are being put forth by leading newspapers, organizations concerned with mental hygiene and other interested groups in the solution of these problems; and

WHEREAS, This is a problem of preventive medicine; therefore

BE IT RESOLVED, That the Michigan State Medical Society go on record in support of these efforts and that copies of this resolution be sent to such organizations as are concerned.

THE SPEAKER: You offer two resolutions. The first resolution will be referred to the Reference Committee on Amendments to Constitution and By-Laws. The second will be referred to the Reference Committee on Resolutions. Are there other resolutions?

3. EMERITUS MEMBERSHIP

DR. O. G. JOHNSON (Tuscola): I present a resolution asking for emeritus membership for Dr. John Handy of Caro, eighty years of age, with fifty years of practice, and he has been active in his county society for thirty years. I should like to have this confirmed by members of the Society.

THE SPEAKER: It is referred to the Reference Committee on Resolutions.

The Chair recognizes Dr. Robb, of Wayne.

6. DUTIES OF THE PRESIDENT (BY-LAWS AMENDMENT)

DR. J. M. ROBB (Wayne): Dr. Henry Luce will be nominated for President and I believe that he will be elected. In order to have him satisfactorily accept the nomination, I ask that this resolution be presented to the House of Delegates.

Resolution

WHEREAS, Chapter IV, of the By-Laws of the Michigan State Medical Society entitled "Duties of Officers" provided in Section 1 that

"The President shall preside at all General Meetings of the Society, and shall fill all vacancies in offices and committees in consultation with the Council unless otherwise provided for; he shall appoint the members of all committees not otherwise provided for; he shall deliver the President's address and shall as far as practicable visit component county societies during his tenure of office; he shall have a voice in the deliberations of the House of Delegates and he shall be an ex-officio member of the Council."

and

WHEREAS, Experience and precedent show that a conscientious man elected to this responsible position of President accepts the above By-law as a mandate to actually call personally on the fifty-four component county societies in this State; and

WHEREAS, The general activities of the organization have grown to a degree requiring the President to devote the major portion of his time during tenure of office to the multiple and vital affairs of the Society; and

WHEREAS, The presidency of this Society is an honorary recognition usually bestowed on one who already has given distinguished service to organized medicine, and who should not be called upon to shoulder further arduous tasks and responsibilities demanding additional time and energy; and

WHEREAS, It is expressly provided in the By-laws that other officers of the Society, specifically the Secretary and the Councillors in the various districts, shall integrate county society activities and visit these component units regularly, therefore; be it

RESOLVED, That Chapter IV, Section 1, of the By-laws of the Michigan State Medical Society be amended by deleting from the duties of President the following clause: "and shall as far as practicable visit component county societies during his tenure of office."

J. M. ROBB, M.D.,
Wayne County.

THE SPEAKER: The resolution will go to the Reference Committee on Amendments to Constitution and By-Laws.

7. DUTIES OF THE COUNCILORS (BY-LAWS AMENDMENTS)

DR. O. D. STRYKER (Newaygo): I wish to present the following resolution:

I move the following amendment to the By-Laws of the Constitution of the Michigan State Medical Society:

"That Chapter Five (5) Section Two (2) shall be deleted and a new Section, known as Chapter Five (5) Section Two (2), be adopted to read as follows:

"Each Councilor shall be the organizer, peace maker, and censor for his District. He shall visit each Society in his District at least twice a year and keep in touch with the activities of these societies constituting his District. He shall make such reports to the Chairman of the Council as requested by him imparting the condition of the profession in that District.

"Section Three (3). Upon written statement,

JOUR. M.S.M.S.

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signed by at least half of the Delegates of the Councilor District, or by the Chairman of the Council, setting forth that the Councilor of that District has failed to perform his duties as prescribed above, and presented to the Speaker of the House of Delegates, the Speaker shall appoint an investigating Committee of three (3) Delegates from one or more other Districts. Upon a confirmatory report the Speaker shall declare the office of Councilor in that District vacant. The then President of the Michigan State Medical Society shall immediately appoint a Councilor to act until the next Regular Session of the House of Delegates, at which time a successor shall be elected to fill the unexpired part of the term of the Councilor so removed.

"Present Section Three (3) shall be changed to read Section Four (4) and succeeding Sections numbered in consecutive order."

THE SPEAKER: That resolution will be referred to the Reference Committee on Amendments to Constitution and By-Laws.

DR. CARL F. SNAPP (Kent): The delegates of Kent County Medical Society asked me to present this resolution.

8. PHYSICIANS' FEES—FIRST CLASS LIEN

Resolution

WHEREAS: A present physicians' and nurses' fees for services rendered in the last illness of all cases are considered as second class and frequently as third class claims by the Probate Court, and;

WHEREAS: Such classification of said claims renders an unfair hardship upon the professions, therefore

BE IT RESOLVED, That the Legislative Committee of this body be instructed to use its power and influence to have enacted at the next session of the State Legislature a bill making physicians' and nurses' fees for services rendered in the last illness first class claims.

THE SPEAKER: That will be referred to the Reference Committee on Resolutions. Are there any other resolutions?

DR. T. K. GRUBER (Wayne): I have one resolution.

9. STUDY OF TERMINOLOGY IN GROUP HOSPITALIZATION

Resolution

WHEREAS: Group Hospital Service (Group Hospital Insurance) is a pertinent issue at the present time, and

WHEREAS; the proper understanding of the definition of Hospital Service and Medical Service has not been reached to the satisfaction of the Michigan State Medical Society, and

WHEREAS; it is the unalterable opinion of the Michigan State Medical Society that Medical Service shall be at all times divorced from Hospital Service.

BE IT RESOLVED: That the President of the Michigan State Medical Society be empowered to appoint a committee of three (3) to confer with all interested groups in order that there may be a proper understanding of the terms Hospital Service and Medical Service, and

BE IT FURTHER RESOLVED: that this Committee be instructed to submit a full and complete report to the House of Delegates of the Michigan State Medical Society at the Annual Session of this body in 1938.

J. MILTON ROBB.
T. K. GRUBER.
C. K. HASLEY.

DR. GRUBER: It comes as a recommendation from Wayne County Medical Society and we ask that it be referred to the Resolutions Committee.

THE SPEAKER: It is referred to the Reference Committee on Resolutions. The Chair recognizes Dr. Umphrey.

10. FEES FOR MEDICAL INFORMATION IN INSURANCE CASES

DR. C. E. UMPHREY (Wayne): In 1929 the Michigan State Medical Society adopted several resolutions. At that time they adopted a resolution that the doctors should be paid by insurance companies for services rendered. Inasmuch as very few of the insurance companies have been doing it and inasmuch as perhaps only one per cent of the doctors know about this, I offer the following resolution.

Resolution

WHEREAS, the House of Delegates of the Michigan State Medical Society at its annual meeting in Jackson, September, 1929, adopted two resolutions calling for physician's fees of not less than \$2.00 for filling out certain insurance forms, and

WHEREAS, the members of the profession in Wayne County are heartily in accord with the principle and intent of those resolutions and are attempting to put them into effect, and

WHEREAS, a certain amount of difficulty and confusion exist regarding the exact scope of those resolutions, and services they comprehend, and the best method of enforcing them, therefore be it

RESOLVED, that the House of Delegates of the Michigan State Medical Society in convention assembled again discuss the subject matter of those resolutions with the object of clarifying them and possibly adding to the past action of the House of Delegates in such manner as to be of aid to the general practitioner of medicine in complying with the aforementioned resolutions and be it further

RESOLVED, that the insurance companies involved be advised of any new action taken by this House of Delegates on the subject.

THE SPEAKER: This resolution will be referred to the Reference Committee on Resolutions. Are there others?

11. INSPECTORS FOR STATE BOARD OF REGISTRATION IN MEDICINE

DR. ROY C. PERKINS (Bay): Mr. Speaker and Gentlemen: We have a situation in our district which is not singular to our district alone. It is a situation which was mentioned by the Speaker this morning in his address, particularly with regard to the irregular practice of medicine, and I have this resolution, therefore, to offer.

Resolution

To the House of Delegates Michigan State Medical Society:

WHEREAS, certain violations of the Medical Practice Act are in evidence in several counties of the State, and

WHEREAS, to begin suit in such cases warrants must be signed and presented to the local prosecutor, and

WHEREAS, it is not practical or advisable for members of the medical profession to sign such warrants,

THEREFORE, BE IT RESOLVED, that the Council of the Michigan State Medical Society immediately use its influence to secure for the Board of Registration an inspector whose duties it shall be to investigate and make charges against violators of the Medical Practice Act.

Presented by Dr. Roy C. Perkins, Delegate from Bay City.

THE SPEAKER: This resolution will also be referred to the Reference Committee on Resolutions. Are there others? I recognize Dr. Arnold, of Owosso.

12. STUDY OF REQUIREMENTS FOR NURSES' TRAINING SCHOOLS

WHEREAS; there is definite shortage of nurses throughout the State, and

WHEREAS; in many hospitals it is impossible to supply adequate nursing care to patients, and

WHEREAS; many hospitals are desirous of re-establishing their nursing schools, and

WHEREAS; the present requirements are so rigorous that it is economically impossible for the smaller hospitals to do this,

BE IT RESOLVED; that it is the opinion of the Michigan State Medical Society that the Michigan State Board of Registration of Nurses should study this question and attempt to solve this situation by somewhat modifying their present requirements.

THE SPEAKER: The resolution will be referred to the Reference Committee on Resolutions. Are there others?

The Vice Speaker assumed the chair.

XII. NEW BUSINESS

THE VICE SPEAKER: Is there anything coming under the head of new business?

1. INVITATION TO A.M.A. TO MEET IN DETROIT

DR. L. J. HIRSCHMAN (Wayne): The Wayne County Medical Society is going to extend an invitation to the American Medical Association to hold its 1939, 1940 or 1941 meeting at Detroit. Therefore, I should like to move that the House of Delegates instruct the delegates from Michigan to coöperate with the Wayne County Medical Society in extending the invitation of the Wayne Medical Society and the Michigan State Medical Society to the American Medical Association to meet here in 1939, 1940 or 1941.

DR. J. M. ROBB (Wayne): Second the motion.

The motion was put to a vote and carried.

THE VICE SPEAKER: We have a letter which we should like to have the Secretary read.

2. LETTER FROM DR. F. C. WARNSHUIS

The Secretary read a communication from Dr. F. C. Warnshuis, Secretary of the California State Medical Association, dated September 24, 1937, addressed to the Speaker of the House of Delegates.

DR. H. A. LUCE (Wayne): I move that the Secretary of this Society send a telegram to Dr. Warnshuis, acknowledging the receipt of this communication and expressing our regard and good wishes for the California State Medical Association.

DR. CARL SNAPP (Kent): Second it.

The motion was put to a vote and carried.

THE VICE SPEAKER: Is there anything else under the head of new business?

3. EMERITUS MEMBERSHIP FOR DR. A. M. HUME

DR. A. L. ARNOLD, JR. (Shiawassee): Dr. A. M. Hume of Owosso, an honorary member of the Michigan State Medical Society, wishes to have his status changed to that of active member again. We carried him in Shiawassee County but we didn't suppose it was necessary, but I understand something is necessary here. I move that the necessary action be taken.

DR. J. M. ROBB (Wayne): Second that motion.

DR. COOK: I should like to explain this. This doctor, whom you elected to emeritus membership, took care of my mother when I was born. He is known to all the boys in Shiawassee. He has had the feeling that honorary membership is a superannuated membership and he objects to having his right to vote and hold office taken away from him. He is a Past President of this Society, as you know, but he feels that he has been robbed of something.

DR. ARNOLD: Dr. Hume feels if he were made an

emeritus member as well as honorary member he might still have the right to vote and hold office. You might take him and put him on the emeritus basis. That would be fine.

DR. COOK: According to the By-Laws, "any physician who has been in practice for fifty years, and who has maintained a membership in good standing for twenty-five years, may, upon application and recommendation of his County Society, become a Member Emeritus. A Member Emeritus shall be relieved from paying State Dues. He shall be entitled to all the benefits and privileges of memberships."

That would please him, I think, more than anything else. That is what he is after. It is still showing him that honor. Honorary membership doesn't give him the right to hold office in the county society, but this would give it to him.

DR. A. L. ARNOLD, JR. (Shiawassee): That would be fine.

THE VICE SPEAKER: The motion was made and supported. Are there any further questions?

The motion was put to a vote and carried.

XIII. REPORTS OF REFERENCE COMMITTEES

THE VICE SPEAKER: Is there anything else coming up under the head of new business? If not, we shall pass to the reports of Reference Committees. The first one is from the Chairman of the Reference Committee on Officers' Reports, Dr. Brasie.

XIII (1). REFERENCE COMMITTEE ON OFFICERS' REPORTS

SPEAKER'S ADDRESS (III)

PRESIDENT'S ADDRESS (IV)

PRESIDENT-ELECT'S ADDRESS (V)

Your reference committee on Officers' Reports met at noon today.

SPEAKER'S ADDRESS:

Your committee wishes to heartily endorse this forward looking address, and strongly urge every member of this organization to study carefully its suggestions. Particularly we desire to stress his recommendation that the State Board of Registration be supplied with sufficient funds to "properly investigate irregular practices within our own ranks."

PRESIDENT'S ADDRESS:

Dr. H. E. Perry's contribution to the physicians of this state has been one which shall long be remembered. His untiring and diligent efforts are well summarized in his excellent address read to us by Executive Secretary William Burns.

PRESIDENT-ELECT'S ADDRESS:

The address of the President-Elect, Dr. Henry Cook, contains a comprehensive program for the ensuing year. This we endorse and support. We wish to re-emphasize his recommendations for the re-distribution and lessening of the burden of work placed upon the president's shoulders, as an especially pertinent matter for the State Society to deal with at the present meeting.

Committee: DONALD R. BRASIE, M.D.; H. C. HANSEN, M.D.; A. E. CATHERWOOD, M.D.; R. C. PERKINS, M.D.; and RALPH G. COOK, M.D.

DR. DONALD R. BRASIE (Genesee): Mr. Speaker, I move we adopt the report of the Committee on Officers' Reports.

The motion was regularly seconded, was put to a vote and carried.

XIII (2). REFERENCE COMMITTEE ON ANNUAL REPORT OF THE COUNCIL (VI)

THE VICE SPEAKER: The Chairman of the Reference Committee on Reports of the Council, Dr. Pino.

Your Reference Committee on the Report of the council has noted carefully the contents of that report. If your Committee were to report adequately,

it would require a statement by about twelve subcommittees for the reason that the report comprises twelve statements of activities each of which is of vital importance to the medical profession of Michigan. For the extensive amount of valuable time which the council has devoted, time which if paid for would run into many thousands of dollars, your Reference Committee can only report back what we believe would be unanimous from our entire membership, our sincere thanks.

The Reference Committee concurs in the report with only the following comment:

1. *Finance.* In view of the necessarily increased activities together with the necessarily attendant increased cost we believe The Council is wise in giving consideration to the increase of dues in order that the work of the Society may not be curtailed.

2. *The Journal.* We wish to report the unanimous opinion that THE JOURNAL speaks for itself. It is splendid.

3. *Postgraduate Activities.* Your Reference Committee believes that every encouragement should be given to the postgraduate report suggestion and with special reference to the endowment fund. We feel that the efforts being given by all concerned under the direction of Dr. J. D. Bruce and Dr. H. H. Cummings provide opportunity rare in the history of state medical societies. We believe that the House of Delegates should take cognizance of this offer of endowment in order that so important a postgraduate program may be perpetuated.

4. *Annual Meeting.* Considerable disappointment has been expressed that it seemed necessary to eliminate the scientific exhibit this year.

Respectfully submitted,

Committee: RALPH H. PINO, M.D., *Chairman*; G. H. YEO, M.D.; E. O. FOSS, M.D.; C. T. EKLUND, M.D.; DEAN W. MYERS, M.D.; T. K. GRUBER, M.D.; WM. S. REVENO, M.D.; O. D. STRYKER, M.D.; R. C. JAMIESON, M.D.

DR. RALPH H. PINO (Wayne): Mr. Speaker, I move acceptance and adoption of this report.

DR. HARVEY C. HANSEN (Calhoun): I second it. The motion was put to a vote and carried.

XIII (3). REFERENCE COMMITTEE ON REPORTS OF STANDING COMMITTEES (VII AND VIII)

THE VICE SPEAKER: We will now hear from the Chairman of the Reference Committee on Reports of Standing Committees, Dr. Insley.

DR. STANLEY INSLEY (Wayne): Mr. Speaker and Members of the House of Delegates: We have nine various standing committees on which to report. We will take them up as listed in the book.

XIII (3a). REFERENCE COMMITTEE ON LEGISLATIVE COMMITTEE REPORT [VIII (1)]

Your committee wishes to recommend the acceptance of the report of the Committee on Legislation. Mr. Chairman, I so move.

DR. J. M. ROBB (Wayne): Second.

The motion was put to a vote and carried.

XIII (3b). REFERENCE COMMITTEE ON ADVISORY COMMITTEE ON GROUP HOSPITALIZATION [VIII (1a)]

DR. INSLEY: The next has to do with the report of the Advisory Committee on Group Hospitalization, a subcommittee of the Legislative Committee. Your Reference Committee recommends the acceptance of this printed report. Mr. Chairman, I so move.

DR. WM. J. STAPLETON (Wayne): Second.

The motion was put to a vote and carried.

XIII (3c). REFERENCE COMMITTEE ON JOINT COMMITTEE ON HEALTH EDUCATION [VIII (2)]

DR. INSLEY: The next we have to report on is the Joint Committee on Health Education. Your Refer-

ence Committee recommends acceptance of this report and, Mr. Chairman, I so move.

The motion was regularly seconded, was put to a vote and carried.

XIII (3d). REFERENCE COMMITTEE ON COMMITTEE ON MEDICAL ECONOMICS [VIII (3)]

DR. INSLEY: We have next to deal with the Committee on Medical Economics. Your Reference Committee recommends acceptance of the printed report. Mr. Chairman, I so move.

DR. HARVEY C. HANSEN (Calhoun): Second.

The motion was put to a vote and carried.

XIII (3e). REFERENCE COMMITTEE ON CANCER COMMITTEE [VIII (4)]

DR. INSLEY: The next has to do with the report of the Cancer Committee. Your Reference Committee recommends acceptance of this report. Mr. Chairman, I so move.

DR. ALFRED LABINE (Houghton): Second the motion.

The motion was put to a vote and carried.

XIII (3f). REFERENCE COMMITTEE ON COMMITTEE ON PREVENTIVE MEDICINE AND ITS ADVISORY COMMITTEE ON SYPHILIS CONTROL [VIII (5) AND VIII (5a)]

DR. INSLEY: The next has to do with the report of the Committee on Preventive Medicine and its subcommittee on syphilis control. Your Reference Committee recommends the acceptance of the printed reports with an added suggestion that in view of new legislation the studies be continued and that in the further study any laboratory work involved should be considered as professional services. Mr. Chairman, I so move.

The motion was regularly seconded, was put to a vote and carried.

XIII (3g). REFERENCE COMMITTEE ON COMMITTEE ON POSTGRADUATE MEDICAL EDUCATION [VIII (6)]

DR. INSLEY: We have next to deal with the report of the Committee on Postgraduate Medical Education. Your Reference Committee recommends acceptance of the printed report and suggests a future policy of issuing certificates of attendance only to those physicians who are members of the A.M.A. We further recommend that the Committee on Postgraduate Medical Education give careful thought to the form of the wording on the certificate which will be issued. We suggest that the certificate bear the name of the Michigan State Medical Society in conjunction with the University of Michigan and Wayne University, so that the Society's position may be perfectly understood. Mr. Chairman, I so move.

The motion was regularly seconded.

DR. L. J. HIRSCHMAN (Wayne): May I discuss this report? I am heartily in favor of the recommendations of the Postgraduate Committee, particularly the recommendation made by the committee that care be used in issuing certificates to men who are members of the American Medical Association, which includes those men who come from outside the state of Michigan, but there is a further admonition which I think should be given to this committee. That is to exercise extreme care in regard to physicians who may register to take these courses. In the past, on account of the press of business, the registration has been allowed to be cared for by a non-medical registrar and several irregular practitioners of medicine have been allowed to register in postgraduate courses given under auspices of the Michigan State Medical Society. Men have been allowed to register for various courses who are absolutely not eligible to membership.

I would therefore move, sir, that the committee report be amended so as to include an admonition to

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the committee not to admit for registration in any postgraduate course sponsored by the Michigan State Medical Society any member of the medical profession or any other profession who is not eligible for membership in an organized state medical society.

The amendment was regularly seconded.

DR. J. M. ROBB (Wayne): I concur with every thing Dr. Hirschman has said in this matter. I have not the slightest objection to giving a man who is properly qualified a certificate, but it is extremely difficult to estimate at the time they come to you whether they actually are members of the society or not. I think in the amendment it should be stated that rather than not be admitted to the course they do not be given certificates. They have gone through my hands a couple of times as Dr. So-and-so. It is not easy at the time to actually find out all the technicalities unless we carefully look into it. Personally I would much sooner see Dr. Hirschman's amendment carried out. It is not as easy as it looks, but certainly from the standpoint of giving certificates every man who gets a certificate must have a careful analysis of his background made.

THE VICE SPEAKER: Is there any further discussion on the amendment?

DR. L. J. HIRSHMAN (Wayne): May I state that while I concur with Dr. Robb that anyone ineligible should not receive a certificate, that is the wrong time to cull them out. I believe more study should be given to applicants who are to join these classes and not let such people in at all. I think that the authorities in the University of Michigan and Wayne University would be very careful about admitting students to their undergraduate classes and I know that our medical societies are supposed to be very careful about those we admit to membership. It is an extremely important thing that no physician who is ineligible be allowed to take part in any course of instruction under the auspices of the Michigan State Medical Society. I insist on scrutiny of the application before they are even taken into the class.

THE VICE SPEAKER: You could in your amendment ask that the man be certified by his county society before taking the course.

DR. H. L. CLARK (Wayne): In the discussion on this report this morning it was brought out that they didn't wish to limit the entrance of non-members of the Michigan State Medical Society to these courses because very often after joining the course they became members of the Society. In other words, it served to bring them into the Society. On the other hand, on the registration card which they fill out before being admitted to the course the question may be asked, "Of what medical school are you a graduate?" That would serve to tell you exactly whether they were eligible.

DR. P. L. LEDWIDGE (Wayne): I wonder if we are justified in taking what Dr. Clark suggests. I think you should limit it to perhaps two classes, those who are members of their state or county medical societies or those who have put in applications and are eligible, at least eligible. That could be very easily certified by the county society.

THE VICE SPEAKER: Dr. Hirschman, would you restate your amendment?

DR. L. J. HIRSCHMAN (Wayne): I move, sir, that the report of the Reference Committee be amended so that the committee on Postgraduate Medical Education is instructed to require evidence from every applicant for instruction in any course as to his membership in his state or county society and also as to his eligibility for membership in such society. That would include them all. He may be eligible and still doesn't care to join. He should be allowed to take the course.

DR. INSLEY: Dr. Hirschman, in the report as

worded or as discussed it was brought out that if a man was a member of the A.M.A. he automatically, of course, was a member of his state or local society.

DR. HIRSCHMAN: I fully agree that that is covered by the eligibility to membership. A man may still be eligible to membership, a very good man, but he just doesn't happen to join the society. Still he should be able to take the course. What I don't want are the irregulars, men who are not eligible to membership.

THE VICE CHAIRMAN: The amendment has been moved and supported.

The amendment was put to a vote and carried.

THE VICE CHAIRMAN: Now the motion by Dr. Insley that the report be accepted with this amendment.

The motion was put to a vote and carried.

XIII (3h). REFERENCE COMMITTEE ON PUBLIC RELATIONS COMMITTEE [VIII (7)]

DR. INSLEY: The next has to do with the report of the Public Relations Committee. Your Reference Committee recommends acceptance of the printed report, Mr. Chairman, and I so move.

DR. HARVEY C. HANSEN (Calhoun): Support it. The motion was put to a vote and carried.

XIII (3i). REFERENCE COMMITTEE ON ETHICS COMMITTEE [VIII (8)]

DR. INSLEY: The next has to do or deals with the report of the Ethics Committee. Your Reference Committee recommends acceptance of this report. I so move.

DR. CARL F. SNAPP (Kent): Support it. The motion was put to a vote and carried.

XIII (3j). REFERENCE COMMITTEE ON DELEGATES TO A.M.A. (VII)

DR. INSLEY: Next is the report of delegates to the A.M.A. Your Reference Committee recommends acceptance of this report, Mr. Chairman, and I so move.

DR. WM. J. STAPLETON (Wayne): Second it. The motion was put to a vote and carried.

THE VICE SPEAKER: All these reports have only been accepted. They have not been adopted. Do you want to adopt them as a whole, do you want to go back over them, or would you let them go without being adopted?

DR. HARVEY C. HANSEN (Calhoun): I move they be adopted as a whole.

The motion was regularly seconded, was put to a vote and carried.

THE SPEAKER: Gentlemen, I think you realize just what a time-saving has been made in the preparation of this Delegates' Handbook. We have practically completed our second session and it is now just about thirteen minutes after four o'clock.

The chair will entertain a motion for recess.

XII (4). DETROIT'S MEDICAL SUPPLEMENT

DR. M. H. HOFFMANN (Wayne): Inasmuch as the matter which I have to bring before you properly comes under the head of new business, may I ask the Speaker to revert to new business?

THE SPEAKER: You offer that motion?

DR. HOFFMANN: I do.

THE SPEAKER: Is it supported?

The motion was regularly seconded, was put to a vote and carried.

DR. HOFFMANN: Inasmuch as the doctors throughout the ages have given of their time and service to humanity and have seldom been given much if any credit, the idea was conceived in the Wayne County Medical Society some six months ago to follow the lead of some county society in Kansas to get the coöperation of one newspaper in the city of Detroit and publish a medical supplement or medical section.

The summation of their ideas and efforts was published in yesterday's *Detroit Free Press*, of which I hold here a copy. This sixteen-page medical section of the *Detroit Free Press* printed yesterday contains an editorial on the front page with a special drawing by their staff artist. This editorial, written by the Editorial Director, Malcolm W. Bingay, is entitled "The Good Doctor."

This section contains a special poem written by Edgar Guest. It is copyrighted by the *Detroit Free Press* and the Wayne County Medical Society, because in the editorial matter, of which this section is constituted, are some 34 articles concerning the various specialties and branches of medicine written by 34 contributors from the Society. This section we believe is a step forward in extolling to the public the virtues of doctors of medicine. It was started under our Past President, one of your delegates, Dr. T. K. Gruber, under our President, Dr. C. E. Humphrey, and with the able assistance of the Editor of the *Detroit Medical News*, Dr. David I. Sugar, and under the personal direction and entirely unsolicited efforts of the Medical Editor of the *Detroit Free Press*, Mr. Lawrence C. Salter.

May I be so bold, Mr. Speaker, as to ask Mr. Salter (who is in back of the room) to please stand up? (Applause.)

Mr. Salter has with him something like 100 copies of this section, which he is glad to give to each and every delegate. He also has with him a thousand copies which will be in the adjoining hall, one for every person who is registered.

As an evidence, we might take just two minutes to read that editorial by Mr. Bingay, as I believe it will give to you just a sample of the value of this particular section. May I ask if you care to have that read or would you leave it for the members to read themselves?

THE SPEAKER: Well, I believe that would be up to the pleasure of the individuals.

DR. HOFFMANN: Would you care to hear it? Cries of "Yes."

Dr. M. H. Hoffmann read the editorial, "The Good Doctor."

The Good Doctor

By Malcolm W. Bingay.

A village doctor in the winter-bound mountains of Wales was aroused from midnight slumber by pounding at his door. Miles away, the messenger said, a mother was in agony and it looked as though both she and her baby would die.

The doctor fought his way through the snow drifts and the sleet for hours to get there by day-break. He delivered the child and saved the mother. No thought of financial reward from that destitute family! Just a knight in the armor of his profession living up to the oath of Hippocrates.

That was more than 70 years ago, but that simple physician to the poor lived to know his reward of that night's struggle.

When the guns were barking on the Western Front and the fate of the Empire was at stake, he saw it saved by the heroic decisions and the dynamic energy of that forlorn babe he saved to the world that morning.

The child was David Lloyd-George.

* * *

Thus it is that in every hour of his life the Good Doctor shakes dice with destiny. He sees life from the first feeble cry to the last sigh, and though oft he shields himself with a protecting crust of cynicism, deep down in his heart he walks humbly with God.

* * *

Oh, the glory of the years that lie behind and the

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promise of the vista that stretches forth to the future!

Out of the terrors of darkness and superstition the men of medicine are guiding groping mankind.

War with all its bloody history of brave deeds cannot match the sublime courage of the valiant host in white whose names are forever emblazoned on the honor rolls of the art of healing.

Bichat, Lænnec, Liebig, Bernard, Helmholtz, Darwin, Pasteur, Lister, Baillie, Rokitsansky, Bright, Morgagni, Virchow, Schonlien, Louis, Gerhard, Schwann, Koch, Jenner, Frankel, Laveran, Klebbs, Manson, Loeffler, Behring, Ehrlich, Ross, Osler, Rush—the names of the illustrious dead seem endless. And a brilliant army of the living are carrying on.

* * *

The plagues that once swept the world have been very largely eliminated. Every generation shows that they have given to mankind a longer span of life. Man is healthier and happier because of the mighty legionnaires of medicine.

So, to you, the Guardians of Life:—Your profession is on the threshold of vast new discoveries that will revolutionize life on this earth. For you alone remains the romance of great adventure.

No matter how far you go into this new-found continent of science yet always there is a golden chain that binds you to us. It is a magic chain. If it is ever broken your quest for the golden fleece of knowledge will be in vain. The links of that binding force are your human contacts. Though you walk with kings you cannot lose the common touch. Still the greatest joy of your tasks will be to soothe a fevered brow and to bring into world-weary eyes the light of hope.

In this new, strangely complicated civilization into which we are rushing today, to you is dedicated the great task of not only keeping Man alive but, more:—keeping alive Man's faith in himself.

No man, no profession, has any higher call to duty: "For of the most High cometh healing." (Applause)

DR. R. H. PINO (Wayne): I should like to call your attention to Section 1, Article 9 of the Constitution, which reads: "The annual membership dues shall be fixed by the House of Delegates." I am asked by the members of The Council to call this to your attention so that you may be thinking about it a little bit between now and the next session if discussion comes up to increase the dues.

THE SPEAKER: You are simply calling that to the attention of the House of Delegates?

DR. PINO: Yes, sir.

THE SPEAKER: Are you ready for the motion to recess?

All in favor of recessing will say "aye"; contrary, "no." The motion is carried.

The meeting recessed at four o'clock.

Monday Evening Session

September 27, 1937

The Third Session of the House of Delegates convened at eight-fifteen o'clock, Speaker Reeder presiding.

THE SPEAKER: Is the Credentials Committee ready to report?

THE SECRETARY: Mr. Speaker, I hold in my hand the names of seventy accredited delegates to the Michigan Medical Society. This constituting a quorum, I move that this be considered the official roll call for the third session.

DR. CARL F. SNAPP (Kent): Second.

The motion was put to a vote and carried.

THE SPEAKER: I therefore declare the third and last session of the House of Delegates open and ready to continue with business.

The first item in this session is a supplemental report from The Council, by Dr. Urmston, the Chairman.

VI. ANNUAL REPORT OF THE COUNCIL (SUPPLEMENTED)

DR. PAUL R. URMSTON (Bay): Mr. Speaker and House of Delegates: In the report of Dr. Insley's committee on the postgraduate course, an endowment fund was mentioned, or the raising of \$500,000 to be used in postgraduate work. I am going to call on Dr. H. H. Cummings to explain this fund to you and the method by which it may be raised. Dr. Cummings.

DR. H. H. CUMMINGS (Washtenaw): Mr. Speaker, Officers of the Society, Members of the House of Delegates: I wish I could tell you how we could raise the half million dollars. I have only a few suggestions to make. Dr. Bruce has felt for some time that the postgraduate work was the most important function of the State Society.

As you well know, the state of Michigan has invested several thousand dollars in every graduate from its schools of medicine. It seems that if a man stops at the point of graduation there is a loss in the investment to the state of Michigan. The postgraduate work has been supported by three institutions, the Michigan State Medical Society, Wayne University, and the University of Michigan. The University of Michigan depends for its funds upon the legislators. Wayne University has a problem in reorganization. The doctors of the state, composing the Michigan State Medical Society, have to pass through periods of depression, as we well know. So that an adequate fund to support a postgraduate course such as you contemplate rests on a rather precarious foundation. To overcome this, Dr. Bruce has suggested that an endowment fund of one-half million dollars be raised in the next five years to support the kind of postgraduate work that you vision, where every man in the state of Michigan practicing medicine can keep up to date in his specialty or in his general practice. If every man practicing medicine in the state of Michigan could do this thing, we would solve ninety per cent of our problems. We would never have to worry about the cultists or their encroachment on the field of medicine because the people of the state of Michigan want good medicine or good medical service and if they can get it in every locality in the state of Michigan they will not be going to the cultists. Then we will not hear the public clamor for free clinics, for state and federal money to support the people of the state and to get for them adequate medical service.

How could the doctors of the state raise a half million dollars? Certainly no doctors have made this much money in the practice of medicine. Most doctors are satisfied to live in fair comfort and support their children. They are not in medicine to make money. They love to serve people. That is the mark of a true doctor.

But many of you know wealthy men who want to leave their money where it will perpetually help the people of the state of Michigan. And you could, if you would, influence such a man to leave money to a postgraduate fund. Dr. Bruce has taken one-quarter of the load right off our shoulders. He will personally be responsible for \$125,000 of this fund. (Applause) Can you doctors, will you doctors attempt, by a good live committee and by your personal efforts, to raise the balance? (Applause)

DR. PAUL R. URMSTON (Bay): Thank you, Dr. Cummings. While you were out of the room, Dr. Cummings, Dr. Insley reported on the certificate to be given for postgraduate courses. Will you explain to the audience that this certificate cannot contain the words "The University of Michigan" or "Wayne University?"

DR. H. H. CUMMINGS (Washtenaw): Mr. Speaker, I hate to take too much time, but according to the organization of Wayne University and the University of Michigan these institutions cannot issue a diploma to the doctors who are taking postgraduate work. But the Michigan State Medical Society, the organization back of this movement, the organization that started this movement, can give the doctors a certificate of attendance, and I think that is all the doctors want. So you will notice that the proposed certificate, drawn up and reported to you today, did not have on it "Wayne University" or the "University of Michigan." These institutions would like to give a diploma to doctors, they feel they are making an honest effort to progress, but they cannot do it. I think it is honor enough to have this great organization of the state issue a certificate stating that they have made the effort to carry on postgraduate work and bring themselves up to present time in medical knowledge.

DR. PAUL R. URMSTON (Bay): Therefore, Mr. Speaker, your Reference Committee should reconsider this endorsement. They ask it to be changed so as to read "Michigan State Medical Society" alone.

You have just heard how you are going to get your postgraduate work in the future, for your attendance only, or without any cost to you in your annual dues for that postgraduate work. But the Council, in studying the financial condition, has asked you to consider a raise in dues for the coming year of \$2. That is open for your discussion. Thank you, Mr. Speaker.

THE SPEAKER: What action, if any, does the House desire to take upon the supplemental report? Is the Chairman of the Reference Committee on Reports of the Council here? Dr. Pino? Would you care to have a motion to the effect that "University of Michigan" and "Wayne University" be stricken out from your report?

DR. RALPH H. PINO (Wayne): That was not my report.

THE SPEAKER: I asked for Insley.

DR. PINO: That was not to the Council.

THE SPEAKER: That came under postgraduate education. That is a standing committee. That is Dr. Insley's committee? I wonder if any other member of that committee is present.

XIII (3g). REFERENCE COMMITTEE ON COMMITTEE ON POSTGRADUATE MEDICAL EDUCATION [VIII (6)]

DR. A. V. WENGER (Kent): As a member of Dr. Insley's committee, I make such a motion. I make the motion that those portions be stricken out.

The motion was regularly seconded, was put to a vote and carried.

THE SPEAKER: The Secretary will please note it.

XII (5). PROPOSAL TO RAISE DUES

The second matter as presented by the Chairman of the Council is in reference to raising of dues. I presume that is at the general disposal of the House. It is therefore open for discussion. Is there any discussion?

DR. ALFRED LABINE (Houghton): The present dues, as I understand it, are \$15 a year, and \$5 for the local medical society. That is what we pay, \$15 a year in our county, or \$10 for the state and \$5 for the local. The raise of dues, so far as I am

concerned, is almost an impossibility. With \$15 now, the \$2 raise would make it \$17 a year. It is too much to belong to almost any organization. That is the way I stand.

THE SPEAKER: Is there any further discussion?

DR. D. I. SUGAR (Wayne): Our dues in Wayne County are \$30 a year. Part goes to the state. We feel in Wayne County that we are carrying about all we can carry. We heard reports of \$9,000 cash, outside of the money what you have in bonds. It is easy enough to vote money and it is easy enough to spend it. You have a balance of \$9,000 besides the money in bonds. I propose or suggest that this be voted down until we see what is necessary for the ensuing year. If the money is voted and if the money is raised it will be spent. I see no necessity for it. Therefore, I propose that this raise, even of the \$2, be voted down. As Dr. Luce said before the Wayne County Medical Society, on the proposition of raising dues of the Wayne County Medical Society—he suggested the alternative, rather than raising the dues, of getting every person who is eligible for membership into the society and in that manner raising the additional money. I thank you.

THE SPEAKER: Any further discussion?

DR. WM. C. ELLET (Berrien): I should like to know why this increase is necessary, what that money is to be used for. Did we go in the hole last year? Why is it necessary to raise the dues?

DR. PAUL R. URMSTON (Bay): May I answer? Is Dr. Carstens in the room?

DR. HENRY R. CARSTENS (Wayne): On the matter of dues, The Council feels that some raise would merely restore us to our former condition. The Council has felt that the recommended raise in dues would merely keep us in or restore us to our former position. The matter, of course, in the end is left for careful consideration by the House of Delegates to determine what its policy should be. Our annual statement is published every year at the end of the fiscal year. It appears in the February or March number of THE JOURNAL. I trust you all go over it carefully every year. As you know, our dues have been \$10 for some years, although at the time of the depression a remission was made amounting to \$1 or \$1.25 or \$1.50.

DR. T. K. GRUBER (Wayne): May I suggest that we go into executive session for this discussion?

THE SPEAKER: In order to do that, Dr. Gruber, you have to then so move and it will have to be voted upon. If the delegates feel we need an executive session they will so vote.

DR. T. K. GRUBER (Wayne): I move, sir, that we go into executive session.

The motion was regularly seconded.

THE SPEAKER: You have heard the motion, as supported, that we go into executive session. Dr. Luce, can you inform me whether that is debatable or not?

DR. H. A. LUCE (Wayne): It is not debatable.

The motion was put to a vote and carried.

THE SPEAKER: Therefore, we will go into executive session. Sergeant-at-Arms, will you select two or three executive assistants to poll the house?

DR. C. F. BRUNK (Wayne): I suggest that secretaries and executive secretaries of county medical societies and members of the profession be permitted to remain.

THE SPEAKER: I presume, according to past experience and strict ruling and from previous custom, unless by special permission, that only the delegates are permitted, and also officers of the Society. Can anyone rule to the contrary?

DR. H. A. LUCE (Wayne): I move that in our executive session be included regularly elected dele-

gates and alternates, members of the Michigan State Medical Society, officers, the executive secretaries of counties and of the State Society.

The motion was regularly seconded, was put to a vote and carried.

DR. J. J. O'MEARA (Jackson) (Sergeant-at-Arms): Mr. Speaker, your orders have been obeyed.

THE SPEAKER: Thank you, sir. I therefore declare this third session of the House of Delegates to be in executive session. I believe Dr. Carstens had the floor.

DR. HENRY R. CARSTENS (Wayne): With regard to our financial situation, you are well acquainted with the fact from a study of our last annual statement that our assets amount to about \$36,000. That amount originally was up to some \$40,000. At the time of the depression it dropped to about half, roughly to about \$19,000. In the last few years, due to appreciation of our securities, that has mounted gradually, so at the time of the last statement in December it was about \$36,000. Our dues, which have been fixed for some years at \$10 per year, were reduced at the time of the depression to amounts ranging around \$8.25 or \$8.50. Finally, last year they went up, for the first time in some years, to the specified amount of \$10 per year.

As you know, by our Constitution and By-Laws, the House of Delegates can fix the annual dues, which, as I have said, have been \$10 for several years past.

About two years ago the delegates decided to increase our expenditures through increased activities engaged in at a legislative session and other activities which rather sharply increased ordinary expenses that year. That was in 1935. In the last few years we have come out about even. We have varied in our increase in net worth for the past few years roughly about \$3,000 or \$4,000, of which the major share usually was made up by the increase in the value of our securities. Last year our actual net profit beyond that increase in securities was something like \$2,900. So far as I can recall, that was the most we have increased it in the last few years.

This past year with the same dues we have been subject to a rather extraordinary increase in expenses. As you know, the amounts allotted to certain of our committees were very substantially increased. Therefore, your Council made a study during the summer and also at our meetings at this session with a view to trying to estimate what would be our financial situation at the end of the year. That is exceedingly difficult now, of course, because we haven't struck a definite trial balance at this time and we will know the full figures only at the end of the year. We do know this, though, that our cash position at present is definitely less than it was last year by some \$8,000. It seems likely as a very rough estimate that possibly at the end of the year our situation may be worse than last year by roughly, say, \$6,000 or \$8,000, or possibly \$9,000 or \$10,000.

We have the money, of course, because we have our securities and cash reserve. The simple effect of that would be that every year we would have our bills paid, of course, but our assets would be that much less. As a rough estimate, a very rough estimate, as I say, it would be less by possibly \$8,000.

Therefore, The Council felt that it might with propriety suggest for the consideration of the House a possible increase in dues with a view to merely retaining our position. That is a matter, of course, for the House to decide, whether they wish to eat into our capital assets or whether they wish to

keep our capital assets at about the same figure they are at now.

Possibly this next year some of these expenditures will not be so heavy. Notably, for instance, in the case of legislation, in an off year our expenses are not quite so high. But they always are \$1,000 or \$2,000 anyhow, and possibly our Legislative Committee this coming year will seek to do some of the groundwork which will insure our position from a legislative standpoint in the future, the position we have gained in the last four years.

Therefore, it simply amounts to this: Do we wish to keep our assets at about the same figure that they are now, or do we wish to show a decrease in assets, for the current year, over our situation for the past few years? (Applause)

THE SPEAKER: Is there further discussion on the question of raising the dues?

DR. L. E. HOLLY (Muskegon): I think we as delegates from the several counties throughout the state realize what has been done in the last few years for the benefit of everybody in the practice of medicine. What has been done has been done at a cost to the State Society. I know of only one particular thing that I can speak of from an absolutely practical standpoint and that is the matter of cancer control. The State Society was at considerable expense to finance it and to have made numerous lantern slides for the education of the lay public throughout the state. All of you have felt and realized the value of that educational campaign. That is just one of the things that the State Society has done, outside of the legislative program. Nobody will deny that the Legislative Committee and our President, Dr. Perry (who couldn't be with us in this meeting), have done considerable for the benefit of all of the physicians of the state of Michigan. If we have confidence in the men whom we elect, then we should give them the funds to work with.

I sincerely believe that an increase of \$2 a year in the dues (twelve packages of cigarettes) certainly should not be denied the state officers and the various committees which are working, not for the committee members but for every one of the doctors in the state of Michigan. I sincerely feel that we should grant them an increase of \$2 a year in the dues. (Applause)

THE SPEAKER: Is there further discussion?

DR. WM. C. ELLET (Berrien): Mr. Speaker, I should like to make a motion that The Council be instructed to retrench on expenses and that the dues remain where they were, at \$10.

THE SPEAKER: You have heard the motion. Is it supported?

DR. ALFRED LABINE (Houghton): I second that motion.

THE SPEAKER: Is there further discussion?

DR. DONALD R. BRASIE (Genesee): It seems to me that this is a poor time to crab about a \$2 added expense per annum. The Legislative Committee has put through for the Society in the last two or three years things that have never been done by the Michigan State Medical Society before. Funds raised by those who would oppose this move have been variously reported as from \$20 to \$50 per member. You cannot maintain the dignity and the standing of the doctors of the state of Michigan on a pile of sawdust. You must have ammunition and you must have funds to support the men who are trying to do the right thing in the state. An added \$2 per year seems to me to be very small, a very little thing for a doctor to crab about, a doctor who will willingly go out and spend three or four times that in one night on a charity case. It seems to me that if we are going to do what we should do,

we have to have funds to do it with. It must be raised from the members of the State Society. They must pay for what they get. Everybody else does.

DR. R. H. PINO (Wayne): I think the expenses of the Economics Committee this year have been under \$100. I am not sure what it was. It isn't very far from \$100. At its meeting in Battle Creek the Economics Committee was asked to spend not more this following year than \$500. I don't know what it had been before. If some of our members are going to say that those who are managing the State Society can cut down their expenses, then I say that this year, as Chairman of the Economics Committee, there are going to be meetings, but the members are not going to take any more trips that require 500 miles driving, getting back home and losing a case, working in the interest of this society. In fact, I will continue to do it myself. (Applause.) Sometimes we get decidedly out of patience among ourselves here. I have a notion that one reason Dr. Perry became ill is that too much has been placed upon that man. There is always a great deal of strain placed upon those men.

We know that if we want to elect a President of this Society this year who will adequately represent us, who has shown that he has an interest in the Society and in all the affairs of the medical profession, we've got to do something to relieve the strain that necessarily comes to him. The President of the Wayne County Society died last year. A tremendous strain was put upon him not only by the Wayne County Medical Society but by the State Society. As a member of the Economics Committee I am not going to call upon him so much. You can be sure of that. I am not going to put in long distance telephone calls or go to that expense if we are not supported. I say it is nothing but a lack of understanding that anyone should say that The Council should not be supported in asking only \$2 more. You will make calls, you will make a hundred calls this year for which you charge nothing, that will cost you money. Now, make one extra call that costs you money, just \$2, if that will help the Society. We can do it and we are going to go on. I mean to say the medical profession will not go on and hold its place, if we do not have some support. I believe, Dr. Ellet, it would be a good thing if you withdrew your motion.

Cries of "Don't give him a chance," and "Vote him down." (Applause.)

DR. A. V. WENGER (Kent): I fully second the remarks of Dr. Holly and Dr. Pino.

THE SPEAKER: Is there further discussion? Are you ready for the question? All those in favor, say "aye"; opposed, "no." I would say, if my ears are correct, the motion is lost. Does it seem as if there was a division in the House? I have been asked to repeat the question. I am told that it amounts to this: That we endeavor to keep the expenses down and keep the dues the same. Am I right?

DR. ELLET: Yes, sir.

THE SPEAKER: Apparently there was a division. How do you wish to vote? A standing vote? All right. All those in favor of the motion will please rise.

Cry of "State the motion."

THE SPEAKER: I just did. The motion is, as I understand it, as told to me here by the stenotypist, that the expenses by the State Society be kept down or lessened, decreased, and that the dues remain the same.

All in favor of this motion will rise. (2) All those opposed will rise. (The balance) I don't believe it is necessary for the Secretary to count the vote. (The motion was lost.)

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DR. E. D. SPALDING (Wayne): I move that the dues be raised \$2.

DR. F. J. O'DONNELL (Alpena): Support it.

THE SPEAKER: It is moved by Spalding of Wayne and seconded by O'Donnell of Alpena that the dues be raised \$2. Correct? All right. Is there any discussion? If there is no discussion, are you ready for the question?

The question was put to a vote and carried.

THE SPEAKER: Is there anything further to come before the executive session? If not, the Chair will entertain a motion to go out of executive session.

DR. A. P. BIDDLE (Wayne): I move, sir, we rise from executive session.

The motion was regularly seconded, was put to a vote and carried.

THE SPEAKER: The Chair will now entertain a motion to revert to the regular order of business.

DR. WM. J. STAPLETON (Wayne): I so move.

The motion was regularly seconded, was put to a vote and carried.

THE SPEAKER: We therefore will revert to the regular order of the day. We therefore will proceed under the head of supplementary reports from Reference Committees. We had original reports from three of our Reference Committees. I shall ask, first, however, if there are any further reports from the Reference Committee on Officers' Reports.

DR. DONALD R. BRASIE (Genesee): No further report.

THE SPEAKER: Is there any further report from the Reference Committee on Reports of Standing Committees? Having finished with the report of The Council, we shall proceed to the Reference Committee on Reports of Special Committees. Dr. Hart.

XIII (4) REFERENCE COMMITTEE ON REPORTS OF SPECIAL COMMITTEES (IX)

XIII (4a) REFERENCE COMMITTEE ON MATERNAL HEALTH COMMITTEE [IX (1)]

DR. DEAN W. HART (Clinton): Report of the Committee on Maternal Health: The Reference Committee is heartily in accord with the recommendations as made and hopes that the study will be continued. This committee should be complimented on the tremendous amount of work done.

I move the acceptance and adoption of this report.

The motion was regularly seconded, was put to a vote and carried.

XIII (4b) REFERENCE COMMITTEE ON CONTACT COMMITTEE TO GOVERNMENTAL AGENCIES [IX (2)]

DR. HART: Report of the Contact Committee to Governmental Agencies: This committee wishes to commend the Contact Committee for its efforts and suggests that the work be continued. The Committee heartily approves of the recommendation for the development of the Michigan Health League.

I move the acceptance and adoption of this report.

The motion was regularly seconded, was put to a vote and carried.

XIII (4c). REFERENCE COMMITTEE ON MENTAL HYGIENE COMMITTEE [IX (3)]

DR. HART: Report of the Mental Hygiene Committee: We approve of the report and the recommendations made and commend the committee for its work.

I move the acceptance and adoption of this report.

DR. SNAPP: Support it.

The motion was put to a vote and carried.

XIII (4d) REFERENCE COMMITTEE ON RADIO COMMITTEE [IX (4)]

DR. HART: Report of the Radio Committee: We approve the report of this committee and add a

suggestion that increasing care be taken to choose speakers qualified by voice and diction. It is hoped that the programs of the coming year may be similarly continued.

I move the acceptance and adoption of this report.

The motion was regularly seconded, was put to a vote and carried.

XIII (4e). REFERENCE COMMITTEE ON ADVISORY COMMITTEE TO WOMAN'S AUXILIARY [IX (5)]

DR. HART: Report of the Advisory Committee to the Woman's Auxiliary: We approve this self-explanatory report, and I move its acceptance and adoption.

The motion was regularly seconded, was put to a vote and carried.

XIII (4f). REFERENCE COMMITTEE ON LIAISON COMMITTEE WITH HOSPITAL ASSOCIATION [IX (6)]

DR. HART: Report of the Liaison Committee with Hospital Association: We approve the report of this committee and are heartily in accord with its recommendation that one committee be formed to take over similar work which is now being assigned to the four committees mentioned in the report. Your Reference Committee recognizes the importance of this committee and realizes that many matters of utmost importance to the profession, the hospitals and the laity will come to its attention from time to time.

I move the acceptance and adoption of this report.

The motion was regularly seconded, was put to a vote and carried.

XIII (4g) REFERENCE COMMITTEE ON LIAISON COMMITTEE WITH DENTISTS, NURSES AND PHARMACISTS [IX (8)]

DR. HART: Report of Liaison Committee with Dentists, Nurses and Pharmacists: We approve of the report of this committee.

I move the acceptance and adoption of this report.

The motion was regularly seconded, was put to a vote and carried.

XIII (4h). REFERENCE COMMITTEE ON SCHEDULES A, B, C, D [IX (9)]

DR. HART: Joint Report of Committee Studying Schedules A, B, C, D, and of the MSMS-MHAMAR Committee: We approve of the report of this committee.

I move the acceptance and adoption of this report.

DR. HANSEN: Second the motion.

The motion was put to a vote and carried.

THE SPEAKER: Thank you, Doctor Hart.

XIII (5). REFERENCE COMMITTEE ON AMENDMENTS TO CONSTITUTION AND BY-LAWS (X)

The next order of business is the Report of the Reference Committee on Amendments to Constitution and By-Laws, by Dr. Torgerson, Chairman.

DR. WM. R. TORGERSON (Kent): Mr. Speaker and House of Delegates: The committee wishes to submit the following report and call your attention first to the amendment to the Constitution that is found in the Handbook on Page 86. That amendment reads as follows:

XIII (5a). REFERENCE COMMITTEE ON AMENDMENTS TO CONSTITUTION [X (1)]

"That Article V of the Constitution be amended to insert in line 8, following the word 'Secretary': 'The Speaker of the House of Delegates.' The sentence would then read, 'It shall consist of the Councilors, the President, the President-Elect, the Secretary, the Speaker of the House of Delegates, and the Treasurer of the Society.'"

"An additional line should be added to the section reading, 'The Speaker of the House of Delegates shall be a member of the Council and of its Executive Committee with power to vote.'"

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The amendment makes the Speaker of the House a member of The Council.

The committee approved this amendment and now moves its adoption.

DR. ALFRED LABINE (Houghton): Support it.

THE SPEAKER: Is there any discussion?

The motion was put to a vote and carried.

DR. TORGERSON: The next amendment to the Constitution is found on Page 88 of the Handbook.

"Article 8—Officers:

"Section 2. The president, the president-elect, the councilors, the speaker, the vice-speaker, and the secretary shall be elected annually by the House of Delegates. The editor and the treasurer shall be elected by the Council at its annual meeting in January of each year. The councilors shall be elected for a term of five years each. These terms to be so divided that no more than four councilors are elected at any annual session. All these officers shall serve until their successors are elected and installed."

The committee is of the opinion that this amendment should not be adopted because (1) the position of Secretary will be more stable if left to the discretion of a body that does not change too frequently; (2) the Secretary is immediately responsible to The Council for his acts; (3) because of the close contact between the Secretary and The Council, the latter should be better able to determine his qualifications.

We move, therefore, that this amendment be not adopted.

The motion was regularly seconded.

THE SPEAKER: Is there any discussion?

The motion was put to a vote and carried.

DR. TORGERSON: The next article of the Constitution to be amended is Article 9, under Funds and Expenses (Page 88 of the Handbook.)

Section 3: "The invested funds of the Society shall be delivered to the Treasurer by the Vice-Secretary."

Section 4: "The Vice-Secretary shall collect all annual dues and all moneys owing the Society, depositing them in an approved depository and dispersed by him upon order of The Council. The Council shall cause an annual audit to be made of the funds of the Society by certified public accountants, and shall require the Treasurer and the Vice-Secretary to be bonded for \$25,000."

The committee feels that because the Constitution does not provide for a Vice-Secretary the amendment is inconsistent within itself, and we move that it be not adopted.

The motion was regularly seconded, was put to a vote and carried.

XIII (5b). REFERENCE COMMITTEE ON BY-LAWS CHANGE RE COMMITTEE ON DISTRIBUTION OF MEDICAL CARE [XI (4)]

DR. TORGERSON: Next we want to bring up an amendment to the By-Laws introduced by Dr. Pino. It was read this afternoon but I will read it again:

"Whereas, The duties of the Economics Committee of the Michigan State Medical Society are concerned largely with the problems of the distribution of medical care; and

"Whereas, The economic aspects of medical care, while essential, are not the prime objectives in the distribution of medical care; and

"Whereas, Emphasis on the word 'economics' in connection with medical society activities conveys to the public a wrong emphasis and a tendency to misunderstanding of the true objectives of the Society; and

"Whereas, The term 'distribution of medical care' is definitely more comprehensive and sets forth the functions of the committee more adequately; be it

"Resolved, That Chapter 6, Section 3 of the By-Laws of the Michigan State Medical Society be changed to read, 'The Committee on the Distribution of Medical Care,' in lieu of 'Committee on Medical Economics.'"

It so happens that throughout the Chapter in other sections the committee was mentioned, so this committee recommends that the final paragraph be changed to read:

"Be It Resolved, That Chapter 6 of the By-Laws of the Michigan State Medical Society be changed so that the words 'Committee on the Distribution of Medical Care' be

substituted for the words 'Committee on Medical Economics' wherever they appear in the sections."

We move that the amendment, as amended, be adopted.

The motion was regularly seconded, was put to a vote and carried.

XIII (5c). REFERENCE COMMITTEE ON BY-LAWS CHANGE RE DUTIES OF THE PRESIDENT [XI (6)]

DR. TORGERSON: The next amendment has to do with the "duties of officers" section and provides for amendment of Chapter IV of the By-Laws entitled "Duties of Officers," Section 1 of that Chapter:

"The President shall preside at all General Meetings of the Society, and shall fill all vacancies in offices and committees in consultation with the Council unless otherwise provided for; he shall appoint the members of all committees not otherwise provided for; he shall deliver the President's address and shall as far as practicable visit component county societies during his tenure of office; he shall have a voice in the deliberations of the House of Delegates and he shall be an ex-officio member of the Council; and

"Whereas, Experience and precedent show that a conscientious man elected to this responsible position of President accepts the above By-Law as a mandate to actually call personally on the fifty-four component county societies in this state; and

"Whereas, The general activities of the organization have grown to a degree requiring the President to devote the major portion of his time during tenure of office to the multiple and vital affairs of the Society; and

"Whereas, The Presidency of this Society is an honorary recognition usually bestowed on one who already has given distinguished service to organized medicine, and who should not be called upon to shoulder further arduous tasks and responsibilities demanding additional time and energy; and

"Whereas, It is expressly provided in the By-Laws that other officers of the Society, specifically the Secretary and the Councilors in the various districts, shall integrate county society activities and visit these component units regularly; therefore, be it

"Resolved, That Chapter IV, Section 1, of the By-Laws of the Michigan State Medical Society be amended by deleting from the duties of President the following clause: 'and shall as far as practicable visit component county societies during his tenure of office.'"

The committee recommends the adoption of the amendment and I so move.

The motion was regularly seconded, was put to a vote and carried.

DR. T. K. GRUBER (Wayne): The chapter on amendments to these By-Laws says:

"These By-Laws may be amended by a majority vote of the delegates present, after the proposed amendment is laid on the table for one session."

I believe that amendment to the By-Laws has not laid on the table for any session so far.

THE SPEAKER: It was introduced and therefore you might say was on the table one session. There is no other way in which it can be done with the program as stated. If this was to have been presented, we will say, early in the first session and then were to lay on the table the remainder of the first session, and then be continuously on the table over the second session, and part way into the third session, then it would have laid on the table approximately two sessions. So we have a right to believe that inasmuch as this was introduced at some time in the second session it still was having sufficient time for the Reference Committee to act upon it and sufficient time for the House of Delegates to discuss it. So I think we are really right when this is offered during the second session that it is laid on the table one session, to be disposed of during the third session. The Speaker stands corrected. Do I understand your question, Dr. Gruber?

DR. GRUBER: You do.

THE SPEAKER: I think it is mathematically sound.

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XIII (5d). REFERENCE COMMITTEE ON BY-LAWS CHANGE RE DUTIES OF THE COUNCILORS [XI (7)]

DR. TORGERSON: The last amendment to the By-Laws, as introduced by Dr. Stryker, is as follows:

"That Chapter Five (5) Section Two (2) shall be deleted and a new Section, known as Chapter Five (5), Section Two (2), be adopted to read as follows:

"Each Councilor shall be the organizer, peace maker and censor for his District. He shall visit each component society in his District at least twice a year and keep in touch with the activities of these societies constituting his District. He shall make such reports as the Chairman of the Council shall request concerning the condition of the profession in that District.

"Section Three (3): Upon written statement, signed by at least half of the Delegates of the Councilor District, or by the Chairman of the Council, setting forth that the Councilor of that District has failed to perform his duties as prescribed above, and presented to the Speaker of the House of Delegates, the Speaker shall appoint an investigating committee of three (3) Delegates from one or more other Districts. Upon a confirmatory report the Speaker shall declare the office of Councilor in that District vacant. The then President of the Michigan State Medical Society shall immediately appoint a Councilor to act until the next Regular Session of the House of Delegates, at which time a successor shall be elected to fill the unexpired part of the term of the Councilor so removed.

"Present Section Three (3) shall be changed to read Section Four (4) and succeeding Sections numbered in consecutive order."

The committee recommends that the first paragraph of the amendment be adopted as written. It has to do with the duties of the Councilor. But that the second paragraph be deleted because the principle involved in that paragraph is not in accordance with a mutual organization of democratic nature. Second, that the procedure outlined is placed in the hands of too few individuals and is too drastic in character and open to abuse.

We would recommend substituting in its place the following paragraph:

"Section 3. Upon written complaint of at least half of the delegates of the Councilor District involved, presented to the House of Delegates, in regular or special session, stating that the Councilor of said District has been remiss in his duties as prescribed above, and has been notified a month previously of this proposed action, the Speaker of the House shall bring the matter before the meeting for consideration. On two-thirds' vote of the House of Delegates, this office shall be declared vacant and a successor elected."

We move adoption of the first paragraph of the amendment as written, and of the second paragraph as proposed by the committee, and the rest of the amendment as written.

The motion was regularly seconded.

THE SPEAKER: Is there any discussion?

DR. T. K. GRUBER (Wayne): I believe you have put that in one motion, two amendments. The one proposed here tonight, the first one, has laid on the table for one session. The second portion of this resolution proposed tonight couldn't have laid on the table. That should be put in two motions. I don't know if I am out of place in suggesting it, but we could adjourn this session for five minutes and then have another session in order to put it through.

THE SPEAKER: I think you are quite right from a parliamentary standpoint as well as from a Constitution and By-Laws standpoint, but the Reference Committee (I will stand corrected) has a right to change resolutions.

DR. L. J. HIRSCHMAN (Wayne): That is the report of a Reference Committee to whom matters have been referred. This is their report. We either accept it or reject it now.

THE SPEAKER: Any further discussion? Are you ready for the question?

The question was put to a vote and carried.

DR. TORGERSON: That is all.

THE SPEAKER: Thank you very much, sir. Our next order of business is the report of the Reference Committee on Resolutions. Dr. Christian.

XIII (6). REFERENCE COMMITTEE ON RESOLUTIONS (XI)

XIII (6a). REFERENCE COMMITTEE ON EMERITUS AND RETIRED MEMBERSHIPS [XI (3)]

DR. L. G. CHRISTIAN (Ingham): Mr. Speaker, the first has to do with a communication introduced by Dr. Mason of Menominee, a resolution from the Menominee County Medical Society, asking that Dr. Edward Sawbridge of Stephenson be elected to emeritus membership. He has complied with all of the Constitutional requirements and your committee moves acceptance and adoption of this report.

The motion was regularly seconded, was put to a vote and carried.

DR. CHRISTIAN: The Council of the Wayne County Medical Society have proposed Dr. O. S. Armstrong and Dr. W. R. Chittick for emeritus membership. Both men have complied with Constitutional requirements. Your committee moves acceptance and adoption of their membership.

The motion was regularly seconded, was put to a vote and carried.

DR. CHRISTIAN: The next is from Dr. Johnson of Tuscola, proposing for emeritus membership Dr. John Handy of Caro, who is now entering his fifty-first year in the practice of medicine. He has a petition signed by all members of his county society, requesting this body to grant Dr. Handy the membership asked for. The committee has recommended this and I move acceptance and adoption of this report.

The motion was regularly seconded, was put to a vote and carried.

DR. CHRISTIAN: Dr. LaBine of Houghton, through the Houghton County Medical Society, suggested for emeritus membership Dr. R. J. Maas and Dr. W. P. Scott. These men have been in good standing for more than twenty-five years and have practiced medicine for more than fifty years. The committee approves their applications and I move the acceptance and adoption of the committee report.

The motion was regularly seconded, was put to a vote and carried.

DR. CHRISTIAN: Jackson County suggests three men for emeritus membership. Dr. A. J. Roberts, practicing for fifty-two years; Dr. J. C. Kugler, fifty-one years; and Dr. D. W. Fenton, of Hillsdale, who was secretary of that county society for so many years. They have complied with the constitutional requirements and the committee recommends their election. I move the committee's report be accepted and adopted.

The motion was regularly seconded, was put to a vote and carried.

DR. CHRISTIAN: Shiawassee sends in the name of Dr. Alfred L. Arnold, who has complied with the constitutional requirements. It is approved by the committee and I move acceptance and adoption of the committee report.

The motion was regularly seconded, was put to a vote and carried.

DR. CHRISTIAN: Berrien County proposes the name of Dr. Edward J. Witt for a retired membership in the Michigan State Medical Society. He has complied with all of the constitutional requirements for this class of membership, has been approved by the committee, and I move acceptance and adoption of the committee report.

The motion was regularly seconded, was put to a vote and carried.

DR. CHRISTIAN: We have a resolution from the O.M.C.O.R.O. Medical Society, proposing the name of Dr. Levi Harris, of Gaylord. He has complied with the constitutional requirements for emeritus membership. It has been accepted by the committee. I move acceptance and adoption of the committee report.

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The motion was regularly seconded, was put to a vote and carried.

DR. CHRISTIAN: Berrien County proposes the name of Dr. Fred N. Bonine for emeritus membership. From the records of the executive office in Lansing, Dr. Bonine has not filled out the years of membership in the State Medical Society and the committee concluded to declare him ineligible. I move the acceptance and adoption of the committee report.

The motion was regularly seconded.

THE SPEAKER: The motion is for acceptance and adoption of the committee's report, that Dr. Bonine is not eligible for emeritus membership because he has not been in the county society the number of years required by the Constitution. Is there any discussion.

The motion was put to a vote and carried.

XIII (6b) REFERENCE COMMITTEE ON PHYSICIANS' FEES—FIRST CLASS LIEN [XI (8)]

DR. CHRISTIAN: A resolution by Dr. Snapp:

"Whereas, At present physicians' and nurses' fees for services rendered in the last illness of all cases are considered as second-class and frequently as third-class claims by the Probate Court; and

"Whereas, Such classification of said claims renders an unfair hardship upon the professions; therefore, be it

"Resolved, That the Legislative Committee of this body be instructed to use its power and influence to have enacted at the next session of the State Legislature a bill making physicians' and nurses' fees for services rendered in the last illness first-class claims."

Your committee has gone over this and is heartily in accord with this resolution. We feel that such an attempt should be made.

Mr. Speaker, I move acceptance and adoption of this report.

DR. HANSEN: Second it.

The question was called for.

THE SPEAKER: Is there discussion?

DR. ALFRED LABINE (Houghton): Isn't it a fact that the undertakers already have a first claim? In this are we asking for something which we cannot get? I am quite positive, it is a fact, I know it, that the undertakers have the first claim on any death. So we are asking for something which, according to law, I don't think we can get. If I am wrong, I will be very glad to be corrected.

DR. CHRISTIAN: In certain states they take care of that very well.

DR. CARL F. SNAPP (Kent): Mr. Speaker, it was my idea in presenting that resolution simply to get on an equal basis with the undertaker, to have our claims presented as first-class claims along with theirs as first-class claims.

DR. ALFRED LABINE (Houghton): The best we could do on this would be second-class.

THE SPEAKER: That will be something.

DR. LABINE: It is stated as "first-class" claims. If it is a first-class claim, it doesn't make any difference if the undertaker has one or not. We are trying to get in a first claim.

THE SPEAKER: I think I can accept your interpretation.

Is there any further discussion of that motion? It is supported.

The motion was put to a vote and carried.

XIII (6c). REFERENCE COMMITTEE ON MORALS [XI (5)]

DR. CHRISTIAN: The next is a resolution offered by Dr. Pino:

"Whereas, One of the most serious problems confronting our people is that of crime and criminal tendencies among our youth; and

"Whereas, Sex crime constitutes so large a proportion that the Federal Bureau of Investigation headed by J. Edgar Hoover is soliciting aid from every responsible source; and

"Whereas, The drug marihuana which seriously affects the emotional level of individuals is rapidly increasing in production and consumption to the extent that it has become a serious problem to the Federal Bureau of Narcotics; and

"Whereas, We also recognize the detrimental effects of certain pictures and programs on the screen, and in magazines produced for public consumption and seemingly not adequately censored from the standpoint of mental hygiene; and

"Whereas, Untiring efforts are being put forth by leading newspapers, organizations concerned with mental hygiene and other interested groups in the solution of these problems; and

"Whereas, This is a problem of preventive medicine; therefore, be it

"Resolved, That the Michigan State Medical Society go on record in support of these efforts, and that copies of this resolution be sent to such organizations as are concerned."

Your committee is heartily in accord with this resolution and I move acceptance and adoption of the committee's report.

The motion was regularly seconded, was put to a vote and carried.

XIII (6d). REFERENCE COMMITTEE ON STUDY OF TERMINOLOGY IN GROUP HOSPITALIZATION [XI (9)]

DR. CHRISTIAN: The next resolution was introduced by Dr. Gruber.

"Whereas, Group hospital service (group hospital insurance) is a pertinent issue at the present time; and

"Whereas, The proper understanding of the definition of hospital service and medical service has not been reached to the satisfaction of the Michigan State Medical Society; and

"Whereas, It is the unalterable opinion of the Michigan State Medical Society that medical service shall be at all times divorced from hospital service; be it

"Resolved, That the President of the Michigan State Medical Society be empowered to appoint a committee of three (3) to confer with all interested groups in order that there may be a proper understanding of the terms hospital service and medical service; and be it further

"Resolved, That this committee be instructed to submit a full and complete report to the House of Delegates of the Michigan State Medical Society at the Annual Session of this body in 1938."

It has reference to the appointment of a committee of three. We have a committee that is already functioning in the State Society, appointed by Dr. Cook, a standing committee that is doing this very work, so your committee thought it best to substitute for the committee of three, a new committee, the assigning of this to the committee that is now concerned with this matter. We wish to change this resolution to read this way:

"Be It Resolved, That the President of the Michigan State Medical Society be empowered to refer this resolution to the proper committee and to confer with all interested groups in order that there may be a proper understanding of the terms hospital service and medical service; and be it further

"Resolved, That this committee be instructed to submit a full and complete report to the House of Delegates of the Michigan State Medical Society at the Annual Session of this body in 1938."

Your committee accepts this report as read, and I move the acceptance and adoption of the committee's report.

The motion was regularly seconded, was put to a vote and carried.

XIII (6e). REFERENCE COMMITTEE ON INSPECTORS FOR STATE BOARD OF REGISTRATION IN MEDICINE [XI (11)]

DR. CHRISTIAN: The next is a resolution by Dr. Perkins of Bay City.

"Whereas, Certain violations of the Medical Practice Act are in evidence in several counties of the state; and

"Whereas, To begin suit in such cases warrants must be signed and presented to the local prosecutor; and

"Whereas, It is not practical or advisable for members of the medical profession to sign such warrants; therefore, be it

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"Resolved, That the Council of the Michigan State Medical Society immediately use its influence to secure for the Board of Registration an inspector whose duties it shall be to investigate and make charges against violators of the Medical Practice Act."

Your committee is not informed as to just how this can be done by The Council nor where The Council can seek money for the State Board of Registration. Therefore, your committee has agreed that we should like to have Dr. McIntyre, Secretary of the State Board of Medical Registration, discuss this on the floor in order to have proper consideration.

THE SPEAKER: Is Dr. McIntyre in the house?

DR. J. E. MCINTYRE (Ingham): Mr. Speaker, Members of the House of Delegates: This can be accomplished in one of two ways. First, if the Medical Practice Act under which we practice today could be amended whereby the moneys received by the State Board of Medicine should be earmarked in the State Treasury and be at the disposal of the State Board of Medicine.

The other mode of procedure would be by means of reregistration, as has taken place in some of the states. It seems to be gradually gaining each year.

DR. CHRISTIAN: We don't believe it would take a big program of legislation. Why not appropriate under the law and employ an investigator now. I think that is the meaning and intent of this resolution:

"Resolved, That the Council of the Michigan State Medical Society immediately use its influence to secure for the Board of Registration an inspector whose duties it shall be to investigate and make charges against violators of the Medical Practice Act."

Can it not be done by means of an appropriation?

DR. MCINTYRE: Yes, Mr. Chairman, that could be done if there was enough influence brought to bear upon the legislature at each session, that the appropriation be kept up to the right level. The law reads that the Board must not spend more than its revenue. It also says that the Board must abide by its budget as set by the legislature. If that could be kept up, Dr. Christian, it could be handled.

DR. CHRISTIAN: Yes. The committee approves of this resolution. We want some way to help the State Board of Registration, to help them get some money. You can do what you will. We know they can't get money at the next session of the legislature unless by rare coincidence we go to the administrative board, which I don't believe is practicable. Nevertheless, we feel that the principle of the resolution should be endorsed and we have approved it. Mr. Speaker, I move acceptance and adoption of this resolution.

The motion was regularly seconded, was put to a vote and carried.

XIII (6f). REFERENCE COMMITTEE ON FEES FOR MEDICAL INFORMATION IN INSURANCE CASES [XI (10)]

DR. CHRISTIAN: The next resolution was introduced by Dr. Humphrey:

"Whereas, The House of Delegates of the Michigan State Medical Society at its Annual Meeting in Jackson, September, 1929, adopted two resolutions calling for physicians' fees of not less than \$2 for filling out certain insurance forms, and

"Whereas, The members of the profession in Wayne County are heartily in accord with the principle and intent of those resolutions and are attempting to put them into effect; and

"Whereas, A certain amount of difficulty and confusion exists regarding the exact source of those resolutions, and services they comprehend, and the best method of enforcing them; therefore, be it

"Resolved, That the House of Delegates of the Michigan State Medical Society in convention assembled again discuss the subject matter of these resolutions with the object of clarifying them and possibly adding to the past action of the House of Delegates in such manner as to be of aid

to the general practitioner of medicine in complying with the aforementioned resolutions; and be it further

"Resolved, That the insurance companies be advised of any new action taken by this House of Delegates on the subject."

I think I shall ask Dr. Humphrey to discuss this resolution and then we will proceed to present it. Dr. Humphrey.

DR. C. E. HUMPHREY (Wayne): I discussed this resolution this afternoon. I don't believe it is clear from the number of questions that were brought up as to just what was the intent of the previous resolutions in 1929. There have been several occasions of late when the insurance companies knew nothing of that action and very few of the doctors knew of it. We hope to have it simplified and have insurance companies and doctors informed as to what the intent of it was, and have the insurance companies inform the specialist so that when that doctor presents a bill he won't be placing himself in a bad light. I think that covers it.

DR. CHRISTIAN: Mr. Speaker, it has been accepted by the committee. I move acceptance and adoption of this resolution.

The motion was regularly seconded, was put to a vote and carried.

XIII (6g). REFERENCE COMMITTEE ON STUDY OF REQUIREMENTS FOR NURSES' TRAINING SCHOOLS [XI (12)]

DR. CHRISTIAN: Dr. Arnold of Owosso presents this resolution:

"Whereas, There is definite shortage of nurses throughout the state; and

"Whereas, In many hospitals it is impossible to supply adequate nursing care to patients; and

"Whereas, Many hospitals are desirous of re-establishing their nursing schools; and

"Whereas, The present requirements are so rigorous that it is economically impossible for the smaller hospitals to do this; be it

"Resolved, That it is the opinion of the Michigan State Medical Society that the Michigan State Board of Registration of Nurses should study this question and attempt to solve this situation by somewhat modifying their present requirements."

Again, before action is taken, I shall ask the sponsor of this resolution to give us his views on it. Dr. Arnold of Owosso.

DR. A. L. ARNOLD, JR. (Shiawassee): Several years ago we disbanded the training school on the advice of other hospitals and on advice of the State Board of Nurses with the idea that we could do the work cheaper by hiring graduate nurses. We have found, to our sorrow, that we can't do it cheaper with graduate nurses. We can't even get enough graduate nurses now to care for the patients that we have. We are trying to reestablish our training school and the requirements have been raised so high that it is impossible to do it. Our nurses' home, that we have always considered a beautiful building, is now considered to be inadequate. We have to equip a chemical laboratory in conjunction with our training school. We used to send our nurses to the high school for chemistry instruction. There are several other things that make it impossible for us to reopen our training school. I believe that several other men whom I have talked to here today believe that if the requirements were lowered sufficiently we would be able to establish our training schools again and train some nurses. The trouble is that a great many nurses have been trained. A short time after they get out of school they get married and are then unavailable.

DR. CHRISTIAN: I will repeat the last stanza:

"Resolved, That it is the opinion of the Michigan State Medical Society that the Michigan State Board of Registration of Nurses should study this question and attempt to solve this situation by somewhat modifying their present requirements."

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The committee felt that we weren't getting into too much hot water, so we approved the resolution.

Mr. Speaker, I move acceptance and adoption of the report.

The motion was regularly seconded.

THE SPEAKER: Is there any discussion?

DR. W. JOE SMITH (Wexford): I should like to ask if that is intended to reduce the requirements for nurses in training or the requirements of the training schools?

DR. ARNOLD: The training school. In order to start a training school, certain requirements are necessary in the hospital and in the training school connected with it that I consider too high to be practicable.

DR. E. A. OAKES (Manistee): I think this is a very great problem for the smaller towns throughout the state. I know that in our hospital at the time of peak load it is almost impossible to get a nurse to take care of a case. We have pressed into service a good many of our married nurses who are still capable of working, in spite of the doctor's remarks, and yet time after time when we are having our peak load it leaves us where we can't do a thing. We have been using these so-called trained attendants, which are better than nothing. I don't believe that a nurse needs to be trained to do a doctor's work. I believe that the State Board of Nurses has raised the standards of nursing so high that a nurse considers herself almost a doctor. I know that a good many of these nurses that we have trained in our small school up in Manistee were perfectly capable of taking care of the patient, were perfectly capable of following orders and doing what the patient needs to have done. I know the situation with us is critical and I know that we need something done about it. I wish some of you fellows would come around to some of these smaller hospitals and see what we have to put up with. You would appreciate the fact that the situation needs to have something done about it. I don't mean three years from now. I think it ought to be done and done soon. I am very much in favor of having this taken up right away.

THE SPEAKER: Is there any further discussion?

DR. T. K. GRUBER (Wayne): I am wondering if the resolution as stated is just what the Michigan State Medical Society wants to convey to the public and to organized medicine in general.

I have some ideas on nursing. I believe that we should have training for different classes of nurses. I believe that there should be some realignment of the whole proposition of nursing, but I doubt if a resolution of this kind coming from the Michigan State Medical Society is going to leave the impression that we should like to have left. One of the difficulties at present with the requirements for nurses coming into this state or practicing in this state is that they must have a certain amount of pediatric work. When it comes to the matter of selecting nurses for operating room work we don't care a whole lot whether they have had any pediatric work or not. When it comes to the matter of selecting a nurse for certain surgical cases it makes a lot of difference whether she has had any pediatric work. There are not enough pediatric boards in the state of Michigan to begin to train the number of nurses that are required for Michigan. So I believe that this would stand a great deal more study before pronouncement is made and we should have some very definite recommendations made that might alleviate the situation.

THE SPEAKER: Is there further discussion? If not, are you ready for the question? Those in favor will say "aye"; opposed, "no." Apparently there is a

division. Those in favor will please rise. The Secretary will count the vote.

Cry of "State the motion."

THE SPEAKER: Dr. Christian?

DR. CHRISTIAN: I moved adoption of the committee's report. I will read the last paragraph of the resolution.

"Resolved, That it is the opinion of the Michigan State Medical Society that the Michigan State Board of Registration of Nurses should study this question and attempt to solve this situation by somewhat modifying their present requirements."

THE SPEAKER: Those in favor of that will please rise. (50) Those opposed will please rise. (17)

The motion is carried.

DR. CHRISTIAN: I move the adoption of the report of the committee as a whole.

The motion was regularly seconded, was put to a vote and carried.

THE SPEAKER: I should like to announce at this time that I shall be pleased to entertain a motion of thanks to Dr. J. D. Brook, who has kindly placed at the end of the platform two bushels of magnificent peaches which will be at your disposal at the end of the session.

DR. LABINE (Houghton): I move that Dr. Brook be thanked.

The motion was regularly seconded.

THE SPEAKER: I take it for granted there is no discussion.

The motion was put to a vote and carried. (Applause)

XIV. ELECTIONS, AND PLACE OF ANNUAL MEETING

THE SPEAKER: We now come to the next item of business, which is elections. I take it for granted, in fact, I know, that no one will vote who is not entitled to vote. I also would remind you that your nominating speeches will be absolutely limited to two minutes. As tellers I will appoint Dr. Southwick, Dr. LaBine and Dr. Scott.

The first officer to be elected is that of Councilor of the Seventh District, to succeed Dr. T. F. Heavenrich, Port Huron. The Chair will entertain nominations.

XIV (1). COUNCILOR OF SEVENTH DISTRICT

DR. H. M. BEST (Lapeer): It affords me a great deal of pleasure to place in nomination Dr. Heavenrich to succeed himself. We took a caucus of the delegates from the Seventh District today and we voted unanimously for Dr. Heavenrich. (Laughter)

DR. A. L. CALLERY (St. Clair): Being the second delegate from the Seventh District, I can agree with Dr. Best that we agreed unanimously. Dr. Heavenrich has served the Seventh District very faithfully and well. We are all pleased with the service that he has given to us and we believe he has also given great service to the State Medical Society for the number of years he has been on the Council. I have a great deal of satisfaction in seconding the nomination by Dr. Best of Dr. Heavenrich to succeed himself.

THE SPEAKER: Any other nominations?

DR. WM. C. ELLET (Berrien): I move the nominations be closed.

The motion was regularly seconded, was put to a vote and carried.

THE SPEAKER: I therefore declare Dr. T. F. Heavenrich elected as Councilor for the Seventh District.

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XIV (2). COUNCILOR OF EIGHTH DISTRICT

The next officer is that of Councilor of the Eighth District, to succeed Dr. W. E. Barstow. Nominations are now in order.

DR. MYRON BECKER (Gratiot): I nominate Dr. William E. Barstow, of St. Louis, to succeed himself as Councilor for the Eighth District. He was appointed over a year ago by Dr. Penberthy to serve the unexpired term of Dr. J. H. Powers of Saginaw. Since the short time he has been in he has entered wholeheartedly into the work as Councilor and he has established a record of which he may well be proud. It gives me great pleasure to nominate Dr. W. E. Barstow of St. Louis to succeed himself as Councilor for the Eighth District.

DR. O. G. JOHNSON (Tuscola): We like Dr. Barstow very well. I second the nomination.

THE SPEAKER: Any other nominations?

Upon motion regularly made and seconded, the nominations were closed.

THE SPEAKER: I therefore declare Dr. W. E. Barstow elected as Councilor for the Eighth District.

XIV (3). COUNCILOR OF NINTH DISTRICT

The next office is that of Councilor of the Ninth District, to succeed Dr. Harlan MacMullen of Manistee.

DR. W. JOE SMITH (Wexford): Due to the fact that Dr. MacMullen doesn't aspire to this position for five years, I should like to nominate the hard-working Secretary of the Grand Traverse Society, Dr. E. F. Sladek. This afternoon at a meeting of the delegates we voted unanimously for Dr. Sladek.

DR. E. A. OAKES (Manistee): I will second it, being the other member of the party.

THE SPEAKER: Any other nominations?

DR. HARVEY C. HANSEN (Calhoun): I move that the nominations be closed and that the Secretary cast the unanimous ballot for Dr. Sladek.

DR. ALFRED LABINE (Houghton): Second the motion.

The motion was put to a vote and carried.

THE SPEAKER: I therefore declare Dr. Sladek of Traverse City elected Councilor for the Ninth District.

XIV (4). COUNCILOR OF TENTH DISTRICT

Next is the election of a Councilor for the Tenth District to succeed Dr. Paul Urmston of Bay City.

DR. C. R. KEYPORT (O.M.C.O.R.O.): I have been instructed by the members of my county society to place the name of Dr. Urmston in nomination for Councilor for the Tenth District. Dr. Urmston has done a very fine job in our district.

DR. ROY C. PERKINS (Bay): I wish to heartily endorse what the previous speaker has said. I cannot say too much more because Dr. Urmston is a very close neighbor. I heartily second his nomination.

THE SPEAKER: Any other nominations?

Upon motion regularly made and seconded, the nominations were closed.

THE SPEAKER: I therefore declare Dr. Urmston elected Councilor of the Tenth District.

XIV (5). COUNCILOR OF FIFTEENTH DISTRICT

We now go to the election of a Councilor to supplant Dr. Frederick A. Baker, of Pontiac, Oakland County, his term expiring in 1940. It is because of his resignation.

DR. ERNEST BAUER (Wayne): I should like to place in nomination the name of Dr. George Sherman of Pontiac.

DR. R. F. SALOT (Macomb): I second that nomination.

THE SPEAKER: Any other nominations?

DR. C. T. EKELUND (Oakland): I second the

nomination of Dr. Sherman, of Pontiac. All three delegates from the county society have cast their ballots for the nomination of Dr. Sherman.

Upon motion regularly made and seconded, the nominations were declared closed.

THE SPEAKER: I therefore declare Dr. Sherman elected Councilor of the Fifteenth District to serve to the year 1940.

XIV (6). DELEGATE TO A. M. A.

The next item of business is the election of Delegate to the American Medical Association, to succeed Dr. Louis J. Hirschman of Detroit. The Chair will entertain nominations.

DR. A. G. SHEETS (Eaton): Mr. Speaker and Gentlemen of the House of Delegates: I have been many years, as we all know, in the practice of medicine. For several years I have been a member of this august body. I have been impressed with the way we do things here. One thing that has impressed me most of all was the fairness that always existed among us. Whenever a man came into this organization and showed signs of being a worker, a man who was willing to make sacrifices and go ahead and do everything that he could in the interest of organized medicine, we always stood ready and eager to help him along. You can go out probably tonight into Wayne County and take a man who has done wonders for the Michigan State Medical Society and you will make no mistake. It is due him, and we are doing right when we pick this man.

We are bringing you tonight a man from Ingham County who has worked long and well. His personal interests have always been in the background. He has looked alone to the interests of our organization. We bring to you tonight this man and ask you to drape about his shoulders your mantle of approval. This man, honest, fearless, dependable in all things, is L. G. Christian, of Lansing. (Applause)

THE SPEAKER: Dr. Christian of Lansing has been nominated.

DR. C. F. DeVRIES (Ingham): I should like to second the nomination of Dr. Christian as Delegate to the American Medical Association. I should like to read this from our Ingham County Medical Society:

"Gentlemen, Ingham County Medical Society wishes to inform the House of Delegates that they unanimously endorse Dr. Leo G. Christian as Delegate to the American Medical Association."

DR. R. L. FINCH (Ingham): As the third and final delegate from Ingham, I wish to second the nomination of Dr. Christian.

THE SPEAKER: Any other nominations?

DR. O. G. JOHNSON (Tuscola): Mr. Speaker and Members of the House of Delegates: It is a pleasant duty I have to assume this evening. We have two splendid men aspiring to this office. Sentiment tells me that I should vote for Dr. Christian, but policy tells me I should vote for the man I am about to name. Dr. Hirschman, as you all know, has been a fixture as a delegate in this House for years. I think he served nine years as delegate in the National House of Delegates, and three extra sessions. I think we cannot afford tonight to lose the services of a man with the qualifications of Dr. Hirschman. When once we have started we haven't found it advisable to go back to our county societies and ask them to retire us because of valiant service which comes from age. Isn't that equally true or more true with our national delegate? If there is any other way out of this situation I would be glad to accept it, but I can see no way we can retain the services of a man with the qualifications and experience of Dr. Hirschman other than to vote yes for him tonight. I wish to place the name of

Dr. Hirschman before you as a delegate to the national convention.

DR. J. A. WESSINGER (Washtenaw): I rise in support of the nomination of Dr. Hirschman and wish to reiterate what the previous speaker has said in regard to his qualifications for this position.

DR. VIVIAN VANDEVENTER (Marquette-Alger): I was going to second the nomination of Dr. Hirschman. It seems that just at this time in the American Medical Association we are looking for men of experience. We all know Dr. Hirschman is well known to his state and we feel that this time we should keep him on the job. He has the ability and his national popularity is an asset to this Society. I hope this Society will keep Dr. Hirschman on the job for this time. We need him now more than we ever needed him before.

Upon motion regularly moved and seconded, the nominations were closed.

THE SPEAKER: Two gentlemen have been nominated, Dr. Christian of Lansing and Dr. Hirschman of Detroit. The tellers will please come forward and get the ballots and distribute them. The Secretary will count them on the blackboard.

Balloting for Delegate to American Medical Association.

THE SPEAKER: Mr. Secretary, what is the result of the ballot?

THE SPEAKER: Dr. Christian, 48; Dr. Hirschman, 36.

DR. L. J. HIRSCHMAN (Wayne): Mr. Chairman, may I take this opportunity of thanking the House for the privilege of having served the Society. I bespeak for Dr. Christian my best wishes for his success. I move, sir, that his election be made unanimous. (Applause)

The motion was regularly seconded, was put to a vote and carried unanimously.

THE SPEAKER: I therefore declare Dr. L. G. Christian elected Delegate to the American Medical Association.

Announcement Relative to Technical Exhibit

THE VICE SPEAKER: We have a wonderful technical exhibit over in the Civic Auditorium across the street and it will be open starting tomorrow for three days. There are about seventy companies exhibiting there. That is far in excess of what we have had for many years. If we are going to keep these exhibits coming to this convention and renting space from us, we must have visitors call at their booths. We don't care whether you drink canned milk or not, but you can stop at the canned milk booth and sign a card. The representative there can take the cards back to his company and show that he interviewed so many different doctors. We urge you to visit all the booths whether you buy anything or not.

XIV (7). ALTERNATE DELEGATES TO A. M. A.

Next are Alternate Delegates.

DR. DONALD R. BRASIE (Genesee): I wish to present to this body the name of a man very well known and very well liked in his county society. I wish to present the name of Dr. G. J. Curry, of Flint, to succeed himself as Alternate Delegate.

DR. J. J. O'MEARA (Jackson): I should like to support the nomination of Dr. Curry of Flint to succeed himself.

THE SPEAKER: Are there any other nominations?

DR. HARVEY C. HANSEN (Calhoun): I move the nominations be closed and that the Secretary be instructed to cast the unanimous ballot for Dr. Curry to succeed himself.

The motion was regularly seconded, was put to a vote and carried.

THE SPEAKER: I therefore declare Dr. George J

Curry of Flint elected Alternate Delegate to the A.M.A.

Now an Alternate Delegate to succeed Dr. R. H. Pino, of Detroit. Nominations are now in order.

DR. R. H. PINO, of Detroit, was nominated for Alternate Delegate to the A.M.A. to succeed himself. The nominations were closed and the Secretary was instructed to cast the unanimous ballot for Dr. Pino.

THE SPEAKER: I therefore declare Dr. Ralph H. Pino of Detroit elected Alternate Delegate to succeed himself.

DR. T. K. GRUBER (Wayne): I believe it has been customary, at least for Alternates, to have a ballot. The one getting the most is the first Alternate and the one getting the least is the second Alternate. I believe that is customary.

THE SPEAKER: I can decide that very quickly for you. There is usually a split ballot. We usually ask them to be good sportsmen and put their names in a hat. Isn't that right?

DR. GRUBER: I believe it was last year. I ask if you have read the method of procedure for selecting Alternates.

THE SPEAKER: I can read it if somebody can interpret it for me. We have this same old discussion year in and year out, and when we get through we put the names in a hat and draw them out. That is what we can do tonight.

THE VICE SPEAKER: The Speaker of the House of Delegates has no vote of his own except in case of a tie vote. As I see it, these two delegates or these two gentlemen both received the same number of votes, a unanimous vote, so therefore I think it is up to the Speaker to determine who is the ranking alternate. (Applause)

THE SPEAKER: I think you will also remember that in that case, the Speaker not desiring to embarrass anyone and the House of Delegates not wanting to embarrass the Speaker, the Speaker may also ask the Vice Speaker to vote as well. (Laughter) I thought so. (Laughter)

DR. R. H. PINO (Wayne): Would it not be proper for me to suggest that Dr. Curry be the first choice?

THE SPEAKER: Inasmuch, Dr. Pino, as you have each succeeded yourselves, do you recall who was senior last year? You are chosen by seniority.

MEMBER: I rise to a point of order. On Page 100 there is very carefully written out exactly what should happen in case of a tie vote.

THE SPEAKER: I think you are quite right. That that is the same thing we have had year in and year out. They draw them out of a hat. (Laughter) It is just good sportsmanship.

MEMBER: The Speaker and Vice Speaker each casts a ballot and the tellers draw out which one is elected.

DR. I. W. GREENE (Shiawassee): May I also speak on this subject? We had five alternates. Three were holdovers from the last year. We balloted. We balloted and Dr. Curry was elected as the first alternate. I see no reason he doesn't hold over.

DR. WM. C. ELLET (Berrien): Which one of these two men is senior to the other? According to the By-Laws, there is a proper way to do that. It is on Page 100.

"In case of a tie still resulting, the Speaker and Vice Speaker shall each fill out a secret ballot, one of which shall be drawn at random by the chief teller."

THE SPEAKER: That is just what I told you.

DR. ELLET: I move it be done.

THE SPEAKER: Will the tellers prepare the ballots?

The third one out, George. A tie vote. (Laughter)

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Balloting for selection of senior Alternate Delegate to A.M.A.

THE SECRETARY: Dr. Curry.

THE SPEAKER: I therefore declare Dr. Curry and Dr. Pino elected Alternate Delegates to the A.M.A., with Dr. Curry as the senior Alternate Delegate.

Now that we have had that fun, we come to the next item of business, which is the election of a President-Elect. The Chair will now entertain nominations.

XIV (8). PRESIDENT-ELECT

DR. J. M. ROBB (Wayne): Mr. Speaker and Gentlemen of the House of Delegates: An unusual privilege has been given to me tonight and that is to present to you a psychiatrist as President-Elect. There is nothing bad about that thing, it is not saying that we need a psychiatrist to do the job, but Dr. Luce has had an unusual experience in the practice of medicine. In the first place, he has practiced for years; in the second place, he has practiced general medicine for years; and in the third place, he has become an unusually good psychiatrist. With conditions as they are at the present time, with the problems that face medicine, I believe that we need an individual who has had the broad experience that Dr. Luce has had, one who toward the finish of the road has come to treat the mind. As I view this whole situation in the last few years, that is the most important thing that we have. Besides that, Dr. Luce has served in his Society and in the Wayne County Society as President, on the Council, on the Board of Trustees, as Speaker of the House of Delegates. In fact, in every particular position he has served with unusual ability and unusual constancy. I don't know of anyone in the entire state of Michigan who should be considered in the same terms as the white-haired sage of David Whitney Building.

Therefore I have a great privilege of presenting to you the name of Dr. Henry A. Luce as President-Elect of the Michigan State Medical Society. (Applause)

THE SPEAKER: Dr. Henry A. Luce has been nominated. Is there a second?

The nomination was severally seconded.

DR. DONALD R. BRASIE (Genesee): I move the nominations be closed and the Secretary be instructed to cast the unanimous ballot for Dr. Luce.

The motion was regularly seconded, was put to a vote and carried.

THE SPEAKER: I consider it one of the most splendid honors I have had to declare Dr. Henry A. Luce President-Elect of the Michigan State Medical Society. I invite Dr. Luce to the platform. (Rising applause)

Members of the House of Delegates: I present to you your new President-Elect, Dr. Henry A. Luce. (Applause)

PRESIDENT-ELECT LUCE: This comes as a complete surprise to me. (Laughter) Even in listening to that speech of Dr. Robb, I was wondering whom he was talking about. As a further proof, I will say Dr. Henry Cook about an hour ago had his picture taken with me for tomorrow morning's paper. (Laughter)

Friends, you have made me very happy. You have also seriously impressed me with the responsibilities which I am about to assume. Somebody said if a man has a thousand friends he has not one to spare, if he has one enemy he will meet him everywhere.

I feel that I have a thousand friends here tonight and I know that in meeting the obligations which I assume I cannot spare one of them. I thank you. (Applause)

THE SPEAKER: I sat beside him and with him for so long that—well, he is the same old Henry.

Now we come to the next office, that of Speaker of the House of Delegates. The Chair will entertain nominations for Speaker of the House of Delegates.

XIV (9). SPEAKER OF HOUSE OF DELEGATES

DR. LUCE: Mr. Speaker, while I am in tune and if I am in order at this time (perhaps this is my swan song in the House of Delegates), nothing will give me greater pleasure than to nominate for Speaker of the House of Delegates, Dr. Phil A. Riley, of Jackson. (Applause)

DR. J. J. O'MEARA (Jackson): I am not one of the ranking orators like my friend Dr. Robb in extolling the beauties of Dr. Phil A. Riley of Jackson, but I hereby second the nomination of Dr. Phil. Riley of Jackson. Jackson County is unanimously in support of Dr. Phil. Riley of Jackson.

THE SPEAKER: If I didn't know that that speech was made by his brother-in-law I would say it was a great speech. (Laughter)

Dr. Phil. Riley has been nominated.

Upon motion regularly made and seconded, the nominations were closed and the Secretary was instructed to cast the unanimous ballot for Dr. Philip A. Riley for Speaker of the House of Delegates.

THE SPEAKER: Dr. Riley, allow me to congratulate you. I should like to have a word from you.

DR. LUCE: Mr. Speaker, again I wish to assume my rights as long as possible. It is our understanding that you are retiring from the office of Speaker voluntarily. We are deeply appreciative of your contributions, your patience, your skill and your mechanical ability. In view of certain things that I wish to introduce, I should like to request that we suspend the regular order of business and open up under new business.

THE SPEAKER: You offer that motion?

DR. LUCE: Yes, sir.

The motion was regularly seconded, was put to a vote and carried.

THE SPEAKER: Therefore, we revert to the order of new business.

DR. LUCE: Mr. Speaker, under the head of new business, I should like to make this motion: That the House of Delegates recommend to the Council of the Michigan State Medical Society that an expenditure of money be made to purchase for our retiring Speaker a replica of the badge that now adorns his manly bosom. I make that motion.

The Vice Speaker assumed the chair.

DR. J. M. ROBB (Wayne): I support the motion.

The motion was put to a vote and carried by a unanimous rising vote. (Applause)

THE VICE SPEAKER: The Chair will now entertain a motion to return to the regular order of business.

XII (4). DETROIT MEDICAL SUPPLEMENT

DR. F. T. ANDREWS (Kalamazoo): While we are under new business, I wish to take this opportunity to ask that a vote of thanks be extended to the *Detroit Free Press* for their medical supplement which they have printed and which will carry throughout the breadth of Michigan the message of the doings of the Michigan State Medical Society.

THE VICE SPEAKER: Will someone put that in the form of a motion?

DR. T. K. GRUBER (Wayne): Mr. Chairman, I so move.

The motion was regularly seconded, was put to a vote and carried.

THE VICE SPEAKER: Is there anything else to come up under the head of new business?

DR. L. J. HIRSCHMAN (Wayne): As this will be the last chance to present new business, I should like to move, sir, that the House of Delegates of the

Michigan State Medical Society extend a cordial vote of thanks to the profession of Grand Rapids for the excellent manner in which they have already entertained us and will entertain us, and also to the press of Grand Rapids for the fine type of publicity that they are giving to us at the present time.

The motion was regularly seconded, was put to a vote and carried.

THE VICE SPEAKER: Is there anything else to come up under the head of new business? If not, the Chair will entertain a motion to return to the regular order of business.

DR. J. M. ROBB (Wayne): I move, sir, we revert to the regular order of business.

DR. T. K. GRUBER (Wayne): Support it.

The motion was put to a vote and was carried.

The Speaker resumed the chair.

XIV (10). VICE SPEAKER OF HOUSE OF DELEGATES

THE SPEAKER: The next order of business is the election of a Vice Speaker. The Chair will entertain nominations for office of Vice Speaker.

DR. C. R. KEYPORT (O.M.C.O.R.O.): Mr. Speaker, I wish to place in nomination the name of a man who is new to the House of Delegates. However, I feel that he has all the qualifications and I am sure he has the personality to stand behind the Speaker and conduct meetings in a very satisfactory manner. I therefore wish to present the name of Dr. Martin H. Hoffmann, of Eloise.

THE SPEAKER: Dr. Hoffmann has been nominated. Are there any other nominations?

Upon motion regularly made and seconded, the nominations were closed and the Secretary was instructed to cast the unanimous ballot for Dr. Hoffmann.

THE SPEAKER: I therefore with extreme pleasure declare Dr. Martin Hoffmann elected Vice Speaker of the House of Delegates. Is Dr. Hoffmann in the room? Will you please present yourself in front of this group whom you will have to face? (Applause)

XIV (11). PLACE OF ANNUAL MEETING

Next in order is the selection of the place of the annual meeting. The Secretary will inform us.

THE SECRETARY: There is on file just one invitation for the 1938 meeting. It is a letter from the Detroit Convention and Tourist Bureau.

"We are pleased to enclose herewith invitation from the Mayor, the Detroit Board of Commerce and this Bureau, inviting the 1938 convention of the Michigan State Medical Society to Detroit.

"Very truly yours,

"J. Lee Barrett,

"Executive Vice President."

THE SPEAKER: Inasmuch as there has been not

one invitation that has been delivered properly, and inasmuch as the place of the annual meeting is selected by suggestion of the House of Delegates to The Council, what is your pleasure?

DR. CARL F. SNAPP (Kent): I move that we accept this invitation and hold our meeting next year, 1938, in Detroit.

The motion was regularly seconded.

DR. P. L. LEDWIDGE (Wayne): Far be it from me to be wanting to hurt anyone, but if there isn't anything in writing from a medical society at all I think that ought to be discussed. Whose invitation was that?

THE SPEAKER: I think the Secretary can furnish you that information. He has more than one invitation here, I think.

THE SECRETARY: The letter I read explains the other communications attached hereto, one from the mayor of the city of Detroit, one from the Board of Commerce, and one from the Convention and Tourist Bureau. This other correspondence I believe is just letters bearing out those invitations from those organizations in Detroit.

DR. LEDWIDGE: Are there any letters from any medical society or any medical men at all in there? Shouldn't there be a letter or some invitation from the medical society before we act on that?

THE SPEAKER: The Secretary informs me that there is apparently no invitation directly from the Wayne County Medical Society.

DR. J. M. ROBB (Wayne): May I take the place of Dr. Umphrey and Dr. Blain? Is Dr. Blain here? Under these circumstances, I think either one of those gentlemen should absolutely invite the State Society to meet with us. I know it is an oversight. It is just a matter of neglect on their part because always the Wayne County Medical Society is delighted to have the State Society meet with us. I am sure these gentlemen will be glad to invite you.

DR. L. J. HIRSCHMAN (Wayne): I wish to offer a substitute motion for that of Dr. Snapp. That is that the matter of acceptance and the decision on the place of meeting be left to The Council. I am sure that an appropriate invitation will be sent to you from the Wayne County Medical Society. We would be glad to have you come every year if you will come.

DR. A. G. SHEETS: I support the motion. The motion was put to a vote and carried.

XV. ADJOURNMENT

THE SPEAKER: We now come to the last thing. The Chair will entertain a motion to adjourn.

DR. J. M. ROBB (Wayne): I move we adjourn.

The motion was regularly seconded, was put to a vote and carried, and the meeting adjourned at eleven o'clock.

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OF GENERAL MEDICAL AND SURGICAL INTEREST

Syphilis in Relation to Prevention of Blindness: Study of 100,000 Case Records

In order that the number of cases of blindness and marked diminution of vision among persons who have acquired or congenital syphilis might be reduced, Conrad Berens and Jacob A. Goldberg, New York (*Journal A. M. A.*, Sept. 4, 1937), analyzed and tabulated the records of five important eye institutions in New York City. The total number of records studied was more than 100,000. Records of patients were examined in order that the following information might be obtained: personal history in relation to syphilis, family history, clinical observations, laboratory observations, syphilitic manifestations of the eye, diagnosis (both on admission and on discharge), social service and follow-up for the eye condition and for the syphilitic condition, disposition of the case and effect of syphilitic treatment on the condition of the eye. In seeking data on syphilitic manifestations in the eye the authors placed special emphasis on cases in which the following diagnoses were indicated: iritis, iridocyclitis, retinitis, optic neuritis, choroiditis, optic atrophy, ophthalmoplegia, Argyll Robertson pupil and interstitial keratitis, as well as other diseases. A special form was prepared for this study. The summary of the case records shows that a total of 5,969 patients, or about 6 per cent, presented diagnoses which were classified by the special Committee on the Study of Syphilis and Eye Diseases as possibly having syphilis as an etiologic factor. However, of the 2,237, or 37.5 per cent, who were given Wassermann tests, 444, or 19.9 per cent, had positive reactions. Since the method of keeping records varied widely in the five institutions studied, only the most general conclusions may be drawn. (1) The personal histories, although inaccurate and lacking in detail, showed that the patients with syphilitic eye lesions gave birth to forty nine stillborn children. In order that more of these valuable data may be obtained, it is recommended that personal histories be more accurate and detailed, special emphasis being placed on the history of syphilis, genital lesions, cutaneous lesions and ulcers and on the exact amount of treatment received and where such treatment was given. (2) The family histories were inaccurate but the small group recorded showed that the relatives of patients had forty-six stillborn children, that syphilis affected the entire family in twelve instances and that there were two cases of syphilitic insanity and thirteen syphilitic deaths in the patients' families. It is recommended that the family histories of patients with eye lesions which may be caused by syphilis include data regarding syphilis in the father, mother, children and other relatives. (3) The clinical, medical and neurologic data were most incomplete, as congenital syphilis was recorded in only fifty-one cases, meningovascular syphilis in twelve, tertiary syphilis in twenty-four, tabes dorsalis in fifteen, secondary syphilis in nine, primary syphilis in nine and cerebrospinal syphilis in seven. (4) Laboratory examinations showed that Wassermann tests were made in only 2,237 (37.5 per cent) of the 5,969 cases in which the diagnosis was an eye disease of possible syphilitic origin. Of the patients tested, 444, or 19.9 per cent, had positive reactions. (5) The data regarding diagnosis and examination of the eye lesion were often inaccurate and insufficient. (6) The social service and follow-up work in relation to the eye disease and to syphilis showed an appalling lack of thoroughness. Although all the in-

stitutions had social service departments, only a small percentage of the patients with positive Wassermann reactions were followed up. (7) The great importance of social service work in the prevention of unnecessary blindness is evident from this study, but recorded data were incomplete. (8) Notes on progress often failed to indicate the result of anti-syphilitic treatment from the point of view of the eye or from the serologic standpoint. If much unnecessary blindness caused by syphilis is to be prevented, laboratory examinations, social service follow-up studies and the effect of treatment must be carried out in a systematic manner in hospitals and clinics. Especial attention must be given to the follow up of individual patients and their families.

The Nature of Fatigue

Collier¹ provisionally defines fatigue as a state of the human organism in which there is a significant lack of balance between intake and output of biologic energy. This absence of harmony may exist between the organism and its environment or between the various subordinate parts within the organism itself. It is frequently manifested by deterioration of efficiency, feelings of tiredness, physiologic changes in the bodily organism (pulse rate, pulse pressure and so on) or as combinations of all these. It is not a disease, but it may be prodromal to disease. The human organism, he says, begins to suffer from fatigue whenever the available reserves required for any particular kind of activity have become dangerously depleted. The degree of the exhaustion of the reserves of energy of a part or the whole of the organism may be so profound that a brief rest serves only partially to restore those reserves. It is clear, however, that chronic morbid fatigue, even when it occurs among industrial workers, is not always due to the industrial activity. Neither illness nor fatigue is ever due to single isolated causes, but both are the outcome of a number of causes acting together. The diagnosis of morbid industrial fatigue is suspected by the experienced practitioner when faced with a patient who looks tired, whose eyes are heavy, who yawns, whose shoulders droop, who moves slowly and whose complexion is pallid. The individual usually complains of tiredness in the morning, saying that he sleeps heavily but is unrefreshed. The patient frequently suffers from headache and complains of vague pains in some part of his body. Differential diagnosis must take into account and exclude illness, normal tiredness and learning fatigue. After exclusion of these other disorders, if inquiry fails to reveal any reasonable explanation of fatigue from which the patient is suffering because of personal factors, a tentative diagnosis of industrial fatigue may be made. As soon as this diagnosis has been made it is necessary to be able to discover the actual (industrial) cause or causes of the fatigue in the particular group of workers. The latter may be roughly classified into conditions within the factory, composed of physical causes such as temperature, humidity, hours of work and exposure to industrial poisons, or to emotional components such as monotony of work, group harmony and psychologic fitness. Furthermore, industrial conditions operating largely outside the factory must be studied, including the regularity and adequacy of meals, the selection of personnel, night work and traveling to and from work. The problem of industrial fatigue is as important as it is complex. It requires an impartial scientific study in all its aspects by a team of trained specialists. Thus only will it be possible to abolish morbid fatigue from industry.—*Jour. A. M. A.*, Sept. 11, 1937.

¹Collier, H. E.: The recognition of Fatigue, with Special Reference to the Clinical Diagnosis of Morbid Fatigue in Industry. *Brit. M. J.*, 2:1322, (Dec. 26) 1936.

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OCCUPATIONAL DISEASES TO BE REPORTED

The Bureau of Industrial Hygiene has prepared the necessary forms for the reporting of occupational diseases as required under Act No. 210, P. A., 1937. This act, an amendment to the occupational disease law of 1911, provides that every physician, hospital superintendent, or clinic registrar having knowledge of a case of occupational disease shall, within ten days, report the same to the State Department of Health. The necessary forms for these reports and instructions for their use have been sent to all Michigan physicians. The act became effective October 29, 1937.

A more accurate analysis of the prevalence of occupational diseases in Michigan's industries may be expected from effective operation of the new law. It must be emphasized that all reports of occupational diseases and all records and data pertaining to these reports are not open for public inspection and the Michigan Department of Health cannot be subpoenaed to present such information in a suit at law. The act also empowers the Michigan Department of Health to provide the employers of the state with such instruction and information as may be deemed proper to prevent the occurrence of occupational diseases. The characteristics of an occupational disease for the purpose of this act include the following:

1. It arises out of and in the course of the patient's occupation.
2. It is caused by a frequently repeated or a continuous exposure to a substance or to a specific industrial practice which is hazardous and which has continued over an extended period of time.
3. It presents symptoms characteristic of an occupational disease which is known to have resulted in other cases from the same type of specific exposure.
4. It is not the result of ordinary wear and tear of industrial occupation or the general effort of employment or the kind of illness that results from contacts or activities in life outside of the patient's occupational pursuits.

Act No. 210, P. A. 1937

The amended title and amended and added sections of Act No. 210, P. A., 1937, read as follows:

An act to protect the public health; to require the reporting of occupational diseases to the state department of health; to prescribe the duties and powers of the state department of health with reference thereto; and to prescribe penalties for the violation of the provisions of this act.

Sec. 1. On and after the effective date of this enactment every physician, hospital superintendent, or clinic registrar having knowledge of a case of occupational disease shall within ten days report the same to the state department of health on a form provided by the state department of health, giving the name and address of the patient, the name and business address of the employer or employers, the business of the employer, the place of the patient's employment, the length of time of his employment in the place where he became ill, the nature of the disease, and any other information required by the state department of health. All such reports and all records and data of the state department of health pertaining to such diseases are hereby de-

(Continued on Page 906)

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(Continued from Page 904)

clared not to be public records. The department of labor and industry shall have access to any such record in any case where any complaint or suit shall have been brought before it.

Sec. 1a. An occupational disease, for the purpose of this statute, is an illness of the body which has the following characteristics:

1. It arises out of and in the course of the patient's occupation.

2. It is caused by a frequently repeated or a continuous exposure to a substance or to a specific industrial practice which is hazardous and which has continued over an extended period of time.

3. It presents symptoms characteristic of an occupational disease and is known to have resulted in other cases from the same type of specific exposure.

4. It is not the result of ordinary wear and tear of industrial occupation or the general effect of employment or the kind of illness that results from contacts or activities in life outside of the patient's occupational pursuits.

Sec. 1b. The state commissioner of health is hereby authorized and directed to design and provide suitable blanks for reporting occupational diseases, and appropriate instructions for their use, and to furnish them freely to registered physicians, to medical clinics, hospitals, and industrial plants.

Sec. 1c. Whenever the state commissioner of health receives a report as provided by section one or has reliable notice that there is within the state a case of occupational disease, he may cause an investigation to be made to determine the authenticity of the report and the cause of the disease.

Sec. 1d. Once each year and at such other times as is deemed appropriate, the state department of health shall compile statistical summaries of all occupational diseases reported and accepted as covering true occupational diseases, together with the type of employment leading to the occurrence of such diseases. The state department of health shall disseminate to all employers of this state instruction and information deemed proper and expedient to prevent the occurrence of occupational diseases.

Sec. 2. Any physician, hospital superintendent, or registrar in charge of hospital or clinic records who shall fail to make any report required by the preceding section, or who shall wilfully make any false statement in such report, shall be deemed guilty of a misdemeanor and on conviction thereof shall be punished by a fine of not more than fifty dollars.

Sec. 3. It shall be the duty of the state department of health and of the prosecuting attorney of the county where any one violating the provisions of this act may reside, to prosecute all violations of the provisions of this act which shall come to their knowledge.

MICHIGAN PUBLIC HEALTH CONFERENCE

The Seventeenth Annual Michigan Public Health Conference will be held in Lansing, Nov. 10, 11 and 12 under the joint sponsorship of the Michigan Department of Health and the Michigan Public Health Association. Dr. C. C. Slemons, commissioner, and Dr. J. D. Brook, association president, join in extending a cordial invitation to all members of the health professions to attend the three-day conference.

State organizations holding their annual meetings in conjunction with the conference include the State Organization for Public Health Nursing, the Michigan School Health Association, Michigan Association of Sanitarians and the Michigan Association of Plumbing Inspectors.

Dr. John R. Heller, Jr., assistant surgeon, United States Public Health Service, will be one of the principal speakers at the opening session. He will

MICHIGAN'S DEPARTMENT OF HEALTH

discuss the "Public Health Control of Syphilis." Other major topics to be included on the program include mental hygiene, school nursing, mouth hygiene, and the prevention of goiter in Michigan. Dr. Haven Emerson has been asked to address the conference on the topic, "The Place of the Physician in American Public Health."

Thursday afternoon will be devoted to round table sessions for health officers, nurses, sanitary officers, and dentists. The Friday morning session will include a discussion of communicable disease control measures. The Michigan School Health Association meets for its session on Friday afternoon.

It is expected that more than 1,000 members of the health profession will attend the conference this year. A registered attendance of 849 was recorded last year. Headquarters for the conference will be maintained at Hotel Olds.

MONTHLY INCIDENCE OF COMMUNICABLE DISEASES

Poliomyelitis receded during late September from the prominent position which it held so strongly in the public press this season. The number of reported cases this year promises to be considerably less than the total reported in 1935, but will exceed the incidence of 1936. However, there has been more newspaper publicity and more evidence of fear on the part of the public.

While poliomyelitis is receding, the season is here when diphtheria is on the increase. Diphtheria has been somewhat greater in prevalence this year than for several years. There is reason to believe that there will be a rather high peak during October, November and December. Physicians should be on the alert, realizing that the case fatality rate of diphtheria has not been lowered for a number of years. It depends in large part on two factors—the promptness in which the physician is called after first appearance of illness, and the promptness with which antitoxin is given.

The Michigan Department of Health makes every effort to keep an adequate supply of diphtheria antitoxin available to meet any emergency. It is available for every doctor in the state upon call. The quantity of antitoxin which must be kept in various places for emergency case use totals a large amount. Therefore, physicians are asked not to insist on large amounts being maintained with local distributors. Telegraph orders for diphtheria antitoxin will be sent any day of the week. Full-time health departments, wherever they exist, are used as distributors. Elsewhere certain hospitals and drug stores maintain a supply. The names of distributors in any locality can be obtained from the Michigan Department of Health.

It is suggested that physicians use more of the 20,000 unit syringes of diphtheria antitoxin rather than the 10,000 unit package. There is seldom a case which should receive less than 20,000 units therapeutically.

It is well for physicians to remind themselves that a case which is clinically indicative of diphtheria should be treated first and cultures submitted to the laboratory second.

The season for scarlet fever is also approaching. The incidence this year has been extremely high, and it is expected that the high rate will continue for some time.

During September there occurred an unusual number of malaria cases. Not all of the epidemiological data has been completed, but it appears that several cases can be directly attributed to Michigan mosquitoes. Cases have been reported from Kalamazoo, Van Buren, Saginaw, Oakland, Kent, Allegan and Ingham Counties.

Sporadic outbreaks of smallpox continue to oc-

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cur. The most recent one was reported from Branch County where four cases were diagnosed during September. The outbreak has been traced to a Monroe County contact. It was in that vicinity that the largest outbreak in recent history occurred last spring. Approximately 130 cases have since been attributed to that outbreak.

FELLOWSHIPS IN PUBLIC HEALTH ANNOUNCED

Fellowships for thirty Michigan physicians, nurses and other public health personnel for postgraduate training in public health at the University of Michigan and Wayne University have been announced by the Michigan Department of Health.

Dr. Harold Reif, Detroit; Dr. Philip Bourland, Grand Rapids; and Dr. J. K. Altland, Lowell, were awarded scholarships in the school of public health at the University of Michigan. The awards are made possible by grants to Michigan under the health provisions of the Social Security Act.

Nurses receiving two-semester scholarships at the University of Michigan include Emma Anderson, Marquette; Hilma Asikainen, Gwinn; Mrs. Fannie Johnson, Ironwood; Arda Muck and Dorothy Jenkins, Menominee; Mrs. Bessie Oakes, Flint; Isabell Quinlan, Sault Ste. Marie; Elizabeth VandenBosche, Detroit; Minnie Vollmart, Midland; Ina Young and Annette Fox, Albion; and Bertha Zagers, Fremont.

One-semester scholarships at Ann Arbor went to Ruth McLellan and Gertrude House, Kalamazoo; Alethea Fritz, Three Oaks; Pauline Knapp, Grand Rapids; Virginia Homer, Muskegon; Hazel Strom, Ironwood; Agnes Mitchell, Gladstone; and Vavolynn Brask, Highland Park.

Madge Bresnahan, Grand Haven, and Ermyl Manni, Grand Rapids, will receive two semesters

of training at Wayne University and Dorothy Nelson, Lawton, was awarded a one-semester scholarship. Mrs. Fern Welsh, Stanton, was awarded one semester of training at Peabody Institute.

Sanitarians receiving training awards at the University of Michigan include E. J. Friar of Manistee and Tom Laughlin of Iron Mountain. Grace Eldering, bacteriologist in the department laboratory at Grand Rapids, was granted a scholarship to continue her research work at Johns Hopkins University.

TUBERCULOSIS CONTROL PROGRAM

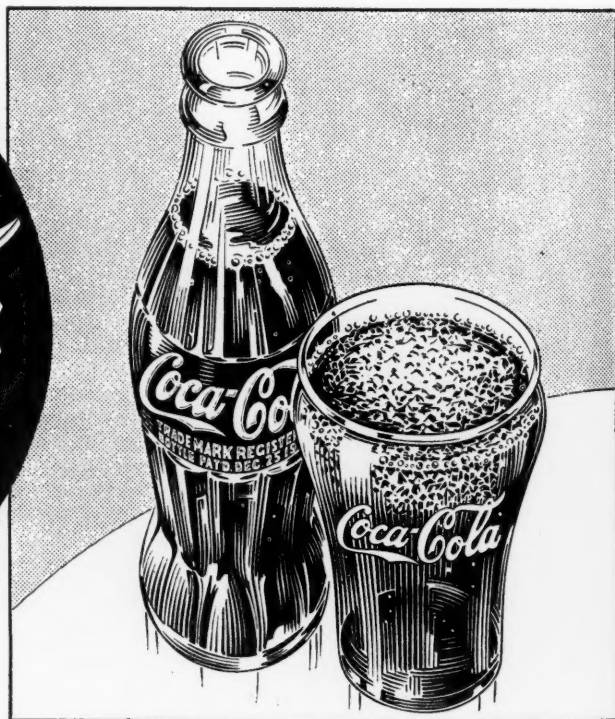
The tuberculosis control program which was developed by the Division of Tuberculosis, State Department of Health, is well underway in all full-time district, county and city health departments throughout the state.

The emphasis which the plan gives to the investigation of contacts of known cases is producing very satisfactory results in case finding. Also the standardization of procedure will soon provide comparable statistics for appraisal of the individual departments.

A public health nurse thoroughly trained in tuberculosis control has recently been added to the staff of the Division of Tuberculosis. The nurse will soon be available to teach a refined technic to the nurses on the staff of local full-time health departments.

HEALTH OFFICERS TRANSFER

Dr. A. B. Mitchell, director of the Bureau of County Health Administration, reports that Dr. T. E. Gibson, formerly of the Genesee County Health Department, has resigned to accept a similar position in charge of the Eaton County Health Department. Dr. Gibson will succeed Dr. J. W. Davis



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who resigned recently to return to his home state.

Succeeding Dr. Gibson in charge of the Genesee County Health Department will be Dr. L. V. Burkett, formerly director of the Midland County Health Department.

Dr. Hugh Robins, who has been associate director of the Calhoun County Health Department, has been made the new director of that department. Dr. M. R. Kinde, former director, will take up his new duties in the central offices of the W. K. Kellogg Foundation at Battle Creek.

The central office of the Ontonagon-Baraga District Health Department has been moved to Ontonagon, it has been announced. Dr. C. C. Corkill, director, formerly maintained his offices at L'Anse.

CONFERENCE ON BATHING PLACES

The Annual Michigan Conference on Bathing Places will be held on November 5, at Hotel Webster Hall in Detroit, it has been announced by the Bureau of Engineering. Sanitary phases of bathing and bathing places will be discussed by conference speakers. The complete program may be obtained upon request to the Bureau of Engineering, Michigan Department of Health, Lansing.

The Twelfth Annual Michigan Conference on Water Purification was held in Muskegon September 13, 14 and 15 with ninety-one filtration and sterilization plant operators in attendance. Conference speakers included John F. Norton, director of laboratories for the Upjohn Company, Kalamazoo; Charles H. Spaulding of Springfield, Ill.; Harry Jordan, secretary of the American Water Works Association; R. J. Faust and W. F. Shephard, Michigan Department of Health; and L. F. Oeming, sanitary engineer of the Michigan Stream Control Commission.

AUTOMOBILE DEATHS 28

PER CENT AHEAD OF 1936 TOLL

The mounting toll of deaths due to automobile accidents in Michigan is indicated in the 28 per cent increase in such deaths reported for the first eight months of this year. With the August total of 217 deaths, the highest monthly toll thus far this year, automobile deaths have reached 1,361, according to the Bureau of Records and Statistics. This is an increase of 296 deaths over the previous high figure recorded during this period in 1936. The automobile deaths for the year will probably be well over 2,000 if the present increase continues.

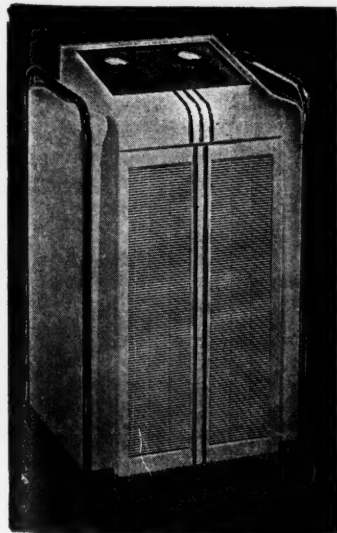
ANTENUPTIAL PHYSICAL EXAMINATION LAW

Physicians throughout the state have been circularized by the Michigan Department of Health as to the administration of the new Antenuptial Physical Examination Law Act No. 207, P.A. 1937. Copies of the law, a summary of administrative details, and the current list of registered laboratories where the required tests may be made were included in the circular letter.

It should be emphasized that physicians must obtain copies of the prescribed medical certificate through the clerk of the county wherein they reside. The certificates are supplied to all clerks free of charge by the Michigan Department of Health. No persons may obtain these certificates from the county clerk except licensed physicians. The patient, after successfully completing his physical examination, must sign the medical certificate in the presence of the examining physician.

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IN MEMORIAM

IN MEMORIAM

Dr. Harry T. Gray

Dr. Harry T. Gray of Alma, Michigan, is dead. He was the son of the late Dr. Robert A. Gray of Clare, Michigan. Dr. Gray was graduated from the University of Michigan and limited his practice to eye, ear, nose and throat specialty. Dr. Gray practiced in Owosso and Sault Ste. Marie before coming to Alma just six weeks ago. He is survived by his wife Rose and one son, also a brother, Dr. Frank R. Gray of Edmonton, Alberta, and a sister in Columbus, Ohio.

Dr. W. C. McCutcheon

Dr. W. C. McCutcheon died at his home in Cassopolis on October 1. He was stricken with a heart attack while in Grand Rapids attending the annual meeting of the Michigan State Medical Society. He was brought home and died the next day of angina pectoris. Dr. McCutcheon was born near Kingston, Ontario, in 1870. He was graduated from Queen's University, Kingston, Ontario, and in 1895 came to Cassopolis. He had been in practice there for forty-two years. Dr. McCutcheon was the co-founder of the McCutcheon-McNab Hospital in 1921. As well as being an active member of the state medical society, Dr. McCutcheon was a past master of the Backus Masonic Lodge and was a director of the Cass County State Bank. He is survived by his widow; a sister, Mrs. Laura Sinclair of Regina, Saskatchewan; and a brother, Dr. Charles McCutcheon.

Mr. Henry Kendall Mulford

Mr. Henry Kendall Mulford, well known in the field of pharmacy, died on October 15, 1937, at the age of seventy-one. Mr. Mulford was graduated from the Philadelphia College of Pharmacy, and started his career as proprietor of a retail drug store. In 1890, Mr. Mulford formed the H. K. Mulford Company, which firm manufactured pharmaceuticals. Mr. Mulford perfected and originated many pharmaceutical preparations, and was the first in this country to supply Diphtheria Antitoxin for use by the medical profession distributed by the pharmacists. In 1921, the Mulford Colloid Laboratories were established for the production of medicinal colloids. The degree of M.S. was conferred on Mr. Mulford by Lafayette College in 1918, and M.Ph. by the Philadelphia College of Pharmacy and Science in 1933.

The Future of Medicine: Chairman's Address

J. H. Musser, New Orleans (*Journal A. M. A.*, July 31, 1937), discusses the scientific, the economic and the educational future of medicine in the light of contemporaneous conditions. Scientifically medicine will undoubtedly progress. Economically and socially the future is less clear, but it can be safely assumed that the delights of accomplishment and the fascination of the problems of medicine will insure happiness to its practitioners. Educationally the future is bright. Undoubtedly many from a well trained group of men will take advantage of the facilities now existing and those to be established to qualify themselves as experts in limited fields of practice.

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◆ General News and Announcements ◆

The One Hundred Per Cent Club of the Michigan State Medical Society:

1. Alpena County Medical Society.
2. Branch County Medical Society.
3. Cass County Medical Society.
4. Clinton County Medical Society.
5. Eaton County Medical Society.
6. Gogebic County Medical Society.
7. Ingham County Medical Society.
8. Jackson County Medical Society.
9. Lapeer County Medical Society.
10. Lenawee County Medical Society.
11. Livingston County Medical Society.
12. Luce County Medical Society.
13. Manistee County Medical Society.
14. Menominee County Medical Society.
15. Muskegon County Medical Society.
16. Newaygo County Medical Society.
17. Northern Michigan Medical Society.
18. Oceana County Medical Society.
19. Ontonagon County Medical Society.
20. Schoolcraft County Medical Society.
21. Shiawassee County Medical Society.
22. Tuscola County Medical Society.

The above County Medical Societies have paid dues in full for each and every member of the County and State Medical Society. A number of other County Societies lack but a few, sometimes only one or two, of being One Hundred Per Cent. Have YOU paid your dues?

Council and Committee Meetings

1. October 17, 1937—Executive Committee of The Council—Hotel Statler—3:00 P. M.

* * *

Dr. C. L. Straith of Detroit is the author of an article appearing in the *Journal of The American Medical Association*, issue of September 18, entitled "Automobile Injuries."

* * *

Dr. L. G. Christian, Lansing, chairman of the Legislative Committee of the State Society, spoke to the Lansing Rotary Club on October 8. His subject was "The Basic Science Law."

* * *

Wm. J. Burns, executive secretary of the Michigan State Medical Society, addressed the Rotary Club of St. Johns, Michigan, on October 12. His subject was "The Help You Receive From the Medical Society."

* * *

Dr. Henry A. Luce of Detroit, president-elect of the Michigan State Medical Society, addressed the Rotary Club of Grand Rapids on September 30 in the Pantlind Hotel. Doctor Luce's subject was "What the Michigan State Medical Society Means to Your Community."

* * *

Dr. L. Fernald Foster, Bay City, secretary of the Michigan State Medical Society, is on the program of the Annual Conference of State Medical Society Secretaries which will be held in Chicago at the headquarters of the American Medical Association on November 19 and 20.

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James C. Droste, M. D.

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GENERAL NEWS AND ANNOUNCEMENTS

The thanks of the Michigan State Medical Society is extended to Drs. A. M. Campbell of Grand Rapids, H. A. Furlong of Pontiac, Norman R. Kretschmar of Ann Arbor, and Howard H. Cummings of Ann Arbor, who conducted the Postgraduate Course in Obstetrics in the Upper Peninsula of Michigan on October 8, 15, 22, and 29.

* * *

Dr. Morris Fishbein, editor of the *Journal of the American Medical Association*, was guest of the Bay County Medical Society, on Thursday, October 7. He addressed a meeting of the Woman's Auxiliary to the Bay County Medical Society at noon, and a public meeting, in the Wenonah Hotel, in the evening. His subject was "Changes in our Social Trend."

* * *

Dr. W. C. McCutcheon who attended the House of Delegates meeting as delegate from the Cass County Medical Society on Monday, September 27, in Grand Rapids, suffered a fatal heart attack at his home in Cassopolis on Friday, October 1. The sympathy of the whole Society is extended to the family of Dr. McCutcheon who served his County Medical Society and the State Medical Society for many years.

* * *

The fall postgraduate conference for Wayne County physicians is devoted entirely to tuberculosis, a subject in which all medical men and the entire community are interested. Meetings began on Wednesday, October 27, 1937, at 10:00 A. M. The postgraduate conferences on tuberculosis have been arranged to bring the best thought on the subject to Detroit physicians. A nationally known speaker will be presented at each meeting, and there will be opportunity for questions. There are also clinical demonstrations each morning.

The Council of the Michigan State Medical Society, at its annual meeting in Grand Rapids, September 26, 1937, discussed the advisability and the benefits to be derived from sending copies of all medical bills, as introduced into the Legislature, to the secretaries of component county medical societies—said copies to be sent by the Executive Office of the Michigan State Medical Society. The Council approved this service, and ordered that it be put into effect at the next regular and/or special session of the Legislature.

* * *

Paul B. Hoeber, Jr., has been appointed to succeed his father as manager of Paul B. Hoeber, Inc., Medical Book Department of Harper & Brothers. Mr. Hoeber, Jr., has been for several years technical assistant in the United States Employment Service in Washington, and also has sold the Hoeber line of medical books on the road. He attended Antioch College and the American University School of Public Affairs, Washington, D. C. The former policies of this firm will be continued.

* * *

Dr. H. M. Evans of the Institute of Experimental Biology, University of California, is announced as the speaker for the next Beaumont Series of Lectures, given each year by the Wayne County Medical Society. The date is March 28 and 29, 1938. Dr. Evans' general subject is "Anterior Pituitary Physiology." As in other years, a cordial invitation is extended by the Wayne County Medical Society to all members of the Michigan State Medical Society.

* * *

The Wisconsin State Medical Society, at its September, 1937, annual meeting in Milwaukee, approved a special assessment in the amount of \$10 per member for the ensuing year. "This assess-

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ment must be paid if a member is to remain in good standing." The regular annual dues in the State Society—\$15.00—will be maintained. The total dues and assessment for members of the Wisconsin Medical Society in 1938 will, therefore, be \$25.00.

The Wisconsin Society approved a survey of the entire state to determine the adequacy of medical care being given to the people.

The Society approved recommendation that its Secretary, Mr. J. George Crownhart, be sent to Europe to make a first hand study of health insurance.

The Society authorized a study of every phase of hospital insurance, and approved obtaining the service of expert statisticians and research workers.

* * *

Crippled and Afflicted Child Commitments for September, 1937

Crippled Child: Total of 266. Of the total number, 108 went to University Hospital, and 158 went to miscellaneous hospitals. From Wayne County (included in above totals): Total cases, 66. Of the sixty-six cases in Wayne County six went to University Hospital and sixty went to miscellaneous hospitals.

Afflicted Child: Total of 1,708 cases, of which 217 went to University Hospital and 1,491 went to miscellaneous hospitals. From Wayne County (included in above totals): Total cases, 484. Of the 484 cases in Wayne County, twenty-eight went to University Hospital and 456 went to miscellaneous hospitals.

* * *

Dr. George A. Sherman of Pontiac was the chairman of the Monday noon session of the Michigan Tuberculosis Association held at the Hotel Statler, Detroit, October 11. Those on the program included Dr. Bruce H. Douglas of Detroit, president of the Michigan Tuberculosis Association; Dr. Henry F. Vaughan, commissioner of health for Detroit; Dr. A. W. Newitt, director of the Tuberculosis Division of the Michigan Department of Health and Dr. J. L. Egle, superintendent of the hospital at Gaylord.

The meeting in Detroit was in celebration of the 30th Anniversary of the formation of the Michigan Tuberculosis Association.

Dr. Henry Cook of Flint, president of the State Society, Dr. Henry E. Carstens member of The Council, Detroit, and Executive Secretary, Wm. J. Burns, represented the Michigan State Medical Society at the meeting. Many members of the Wayne County Medical Society were also present.

* * *

Michigan Tuberculosis Association

A one-day convention of the Michigan Tuberculosis Association was held in conjunction with the Michigan Trudeau Society, the Michigan Sanatorium Association and the Wayne County Medical Society, at the Hotel Statler in Detroit, October 11. The principal speaker was Dr. J. Harley Williams, of London, England, medical commissioner for the National Association for the Prevention of Tuberculosis. His subject was fifty years of tuberculosis control in England, and he stressed the relationship of psychiatry to the control and cure of tuberculosis. Other speakers were Dr. Bruce H. Douglas, president of the Michigan Tuberculosis Association, Dr. Henry Vaughan, Health Commissioner of Detroit, Dr. A. W. Newitt, director of the tuberculosis division of the Michigan Department of Health and Dr. J. L. Egle, superintendent of Gaylord Sanatorium. Dr. Philip P. Jacobs of New York, a member of the executive committee of the National Tuberculosis Association, spoke at the banquet held in the evening. The December number of this JOURNAL will contain an article by Mr. Theodore Werle, Sec-

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FRACTURES & TRAUMATIC SURGERY—Informal Practical Course; Ten Day Intensive Course starting February 14, 1938.

OTOLARYNGOLOGY—Two Weeks Intensive Course starting April 4, 1938.

OPHTHALMOLOGY—Two Weeks Intensive Course starting April 18, 1938; Personal Course in Refraction.

UROLOGY—General Course Two Months; Intensive Course Two Weeks; Special Courses.

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retary of the Michigan Tuberculosis Association, dealing with the history of the movement up to and since its inauguration thirty years ago.

* * *

Postgraduate Day, University of Toledo

All members of the medical profession are cordially invited to attend the Fourth Annual Postgraduate Day presented by the Medical Institute of the University of Toledo on Friday, November 19, 1937. Dr. Frank H. Lahey and Dr. Lewis M. Hurxthal, both of the Lahey Clinic, Boston, will present a program dealing with thyroid diseases.

Three sessions are planned:

The morning program beginning at 10:00 A. M. in the Doermann Theatre, University of Toledo, will consist of a Clinical Discussion of Thyroid Diseases with presentation of cases by Dr. Lahey; Basal Metabolism—Blood Cholesterol—Myxedema and the Relationship of Obesity and Endocrine Disorders will be presented by Dr. Hurxthal.

The afternoon program, beginning at 2:00 P. M. in the same building, will include Thyroiditis—Recurrent Laryngeal Paralysis—Complications of Hyperthyroidism; hyperthyroidism and pregnancy; hyperthyroidism and tuberculosis; hyperthyroidism and diabetes; with a motion picture on Subtotal Thyroidectomy presented by Dr. Lahey; and Postoperative Tetany—Liver Function and the Blood in Thyroid Diseases, presented by Dr. Hurxthal.

The evening program will begin at 8:30 P. M. at the same location. Dr. Lahey will discuss The General Diagnosis and Management of Diseases of the Thyroid and of the Parathyroid. Dr. Hurxthal will speak on The Heart in Hyperthyroidism; the Heart in Myxedema.

There is no registration fee for this lecture series. You are invited.

* * *

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Graduate Course in Venereal Disease Control Western Reserve University, Cleveland, Ohio

Graduate courses for training in the various phases of venereal disease control have been instituted by Western Reserve University, Cleveland, Ohio, under authority of the United States Public Health Service and the Ohio State Director of Health. They will be open without fees to health officers and to physicians cooperating with state and local health departments in the states of Ohio, Michigan, Indiana, Illinois, Wisconsin, Minnesota, Iowa, Missouri, Kansas, Nebraska, North Dakota and South Dakota, but the number who can be admitted is limited. The course may be entered at any time when a vacancy exists, usually for a duration of three or four months or longer. Visitors may also be admitted for shorter periods, if they can be accommodated.

The training will be informal and adapted to the individual needs of those taking the course. For example, to a clinician in a venereal disease clinic much clinical material is available and that portion of the training will be stressed. For the educator in a state health department, in addition to the clinical course, source material for talks to both lay and professional groups will be available and the student will be expected to prepare varied lectures. For the health department officials in addition to these features, case finding, case holding and morbidity reporting will be discussed more fully.

Physicians who desire to take these courses should apply through their State Health Department to the Ohio State Director of Health. Application blanks, if not already at hand, can be obtained by addressing Regional Consultant for the United States Public Health Service, Room 314, U. S. Court House, Chicago, Illinois.

The fall Postgraduate Conferences for physicians, sponsored by the Wayne County Medical Society, the Detroit Department of Health, and the Detroit Tuberculosis Sanatorium, will be devoted entirely to tuberculosis, a subject in which all medical men and the entire community are interested. Meetings will be held at Herman Kiefer Hospital, Detroit, beginning on Wednesday, October 27, 1937, at 10:00 A. M.

Great progress has been made in making Detroit tuberculosis conscious, largely through the participation of the physicians, but despite the progress, the battle to control tuberculosis has just begun.

The Postgraduate Conferences on Tuberculosis have been arranged to bring the best thought on the subject to Detroit physicians. A nationally known speaker will be presented at each meeting, and there will be opportunity for questions. There will also be clinical demonstrations each morning.

Among the prominent speakers scheduled for these conferences are Dr. Kendall Emerson, New York City, who will speak on "Present Trend in Tuberculosis" on October 27; Dr. Esmond R. Long, of Philadelphia, who will speak on "The Importance of Protecting the Child and the Young Person Against Tuberculosis," on November 3; Dr. J. N. Baker of Montgomery, Ala., will speak on "The Role of the Private Physician in Tuberculosis Case Finding," November 10; Dr. John B. Haws, II, Boston, will speak on "The Care of the Patient After the Sanatorium," November 17; Dr. Don Griswold, Albany, N. Y., will speak on "Factors in the Control of Tuberculosis," on December 1; and Dr. George G. Ornstein, New York City, will bring the final talk on December 8 on the subject "The Pathogenesis of Pulmonary Tuberculosis from the Physician's Point of View."

* * *

Highland Park Physicians' Club

The Twelfth Annual Clinic of the Highland Park Physicians' Club will be held on Wednesday, December 1, 1937, at the Nurses' Home of the Highland Park General Hospital, Highland Park, Detroit, Michigan. The complete program is: 8:30 to 9:30 A. M., Clinical Pathological Conference conducted by Wm. L. Brosius, M.D.; 9:30 to 10:30, The Use of Sulfanilamide in the Treatment of Gonococcal Infections: Further Investigations, by John E. Dees, M.D., Johns Hopkins University, Baltimore, Md.; 10:30 to 11:30, Fractures of the Spine, by Kellogg Speed, M.D.; 11:30 to 12:30, Surgical Lesions of the Colon, by C. F. Dixon, M.D., Mayo Clinic; 12:30 to 2:00 P. M., Address of Welcome by the Mayor of Highland Park, and complimentary luncheon by the Highland Park General Hospital; 2:00 to 3:00, Puerperal Sepsis, by A. E. Lash, M.D., University of Illinois, Chicago, Ill.; Deep Infections of the Neck, by S. Iglauer, M.D., University of Cincinnati, Cincinnati, Ohio; Diabetes Mellitus, by I. Rabinowitch, M.D., McGill University, Montreal, Canada.

At 7:00 P. M. the annual banquet will be held at the Statler Hotel. Wm. J. Burns, secretary of the Michigan State Medical Society, will be the toastmaster of the evening and the after-dinner speaker will be I. Rabinowitch, M.D., who will speak on his recent trip into the North on a medical study of disease among the Eskimos.

* * *

Wayne University Medical Appointments

The following are the new appointees for 1937-1938 to the staff of the Wayne University College of Medicine. The asterisks indicate part-time teachers.

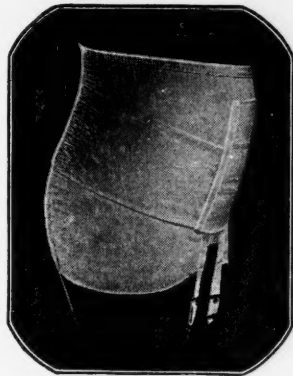
Arthur H. Smith, Ph.D.—Professor of Physiological Chemistry, and Head of Department, Formerly Associate Professor of Physiological Chemistry, Yale University.

Gabriel Steiner, M.D.—Research Professor of Neurology

NOVEMBER, 1937

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*Loren W. Shaffer, M.D.—Professor of Dermatology and Syphilology.

*Parker Heath, M.D.—Professor of Ophthalmology.

*Don M. Gudakunst, M.D.—Professor of Preventive Medicine and Public Health, Chairman of the Division. (Deputy Commissioner of Health, City of Detroit.)

*Carey McCord, M.D.—Professor of Industrial Hygiene, (Head of Bureau of Industrial Hygiene, Department of Public Health, City of Detroit.)

*Henry Vaughan, M.D.—Professor of Public Health Administration and Commissioner of Health, City of Detroit.

James M. Winfield, M.D.—Associate Professor of Surgery. Formerly Instructor in General Surgery, University of Pennsylvania.

James L. Wilson, M.D.—Associate Professor of Pediatrics. Formerly Associate in Pediatrics, Harvard Medical School.

Richard M. Johnson, M.D.—Assistant Professor of Medicine. Formerly Instructor in Internal Medicine, University Hospital, University of Minnesota.

Arthur J. Derbyshire, Ph.D.—In charge of Neuro-anatomy—Assistant Professor of Anatomy. Formerly Instructor in Physiology, Ohio State University.

James M. Orten, M.D.—Assistant Professor of Physiological Chemistry. Formerly Charles Pfizer Company Fellow, Yale University.

*William M. Witheridge, M.D.—Assistant Professor of Industrial Hygiene and Occupational Diseases. (Member of Bureau of Industrial Hygiene, City of Detroit.)

Ralph G. Janes, Ph.D.—Instructor in Histology and Embryology. Formerly Instructor in Biology, New York University.

Arthur W. Frisch, M.D., Ph.D.—Instructor in Bacteriology. Formerly Graduate Research Assistant, University of Wisconsin.

There were eight Teaching Fellows in the Basic Medical Sciences and four in Clinical Specialty Department appointed for 1937-1938.

CONVENTION ECHOES

The registration of physicians (members of the Michigan State Medical Society) at the 72nd Annual Meeting of the M.S.M.S. in Grand Rapids, was 1,138. Add to this the guests, wives of physicians, and exhibitors, and the total registration was 1,894.

* * *

Dr. S. C. Mason of Menominee was one of the first physicians to arrive in Grand Rapids for the Meeting. He entrained from Menominee for Milwaukee Saturday night, and flew across Lake Michigan Sunday morning in order to be in time for the golf tournament. A number of other physicians from the Upper Peninsula traveled by plane to the Convention.

* * *

Dr. Thomas G. Hull, Director of Scientific Exhibits of the A.M.A., took full charge of the scientific exhibit and talking picture on "Syphilis." The A.M.A.—U. S. Public Health Service talkie called "The Diagnosis and Treatment of Syphilis" was shown at 11:30 a. m. and at 4:30 p. m. daily during the convention. The American Medical Association is sincerely thanked for loaning the specialized services of Dr. Hull to the M.S.M.S. for four days.

* * *

The new badge designed for the Michigan State Medical Society annual meeting this year was especially attractive to our out-of-state guest speakers, particularly Dr. Thomas Parran, Jr., Surgeon General of the United States Public Health Service.

* * *

Nine hundred seventy-five inches of copy were published in the newspapers of Michigan relative to

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CONVENTION ECHOES

the 72nd Annual Convention of the Michigan State Medical Society. Dr. J. Dunne Miller of Grand Rapids headed a very efficient Press Relations Committee, to which credit must be given for the splendid press notices on the convention activities.

Among the newspapermen who covered the meeting were Lawrence C. Salter of the *Detroit Free Press*; Allen Shoenfield of the *Detroit News*; R. G. Brown of the *Grand Rapids Press*; Herbert Hall of the *Associated Press*; Hugh Lago of the *Grand Rapids Herald*; and John McGinnis of the *Grand Rapids Press*.

* * *

"I never before attended a Michigan State Medical Society convention until the Grand Rapids meeting", states one Michigan physician. "However, I'll never stay away from another meeting. I had a wonderful time. I met a lot of World-War buddies, a number of fellows from my class, picked up a number of grand ideas from some of the papers I heard, bought some new equipment which I should have had in my office four or five years ago, in the exhibit, and existed for three days on about as little sleep as ever before in my life (including my days at the Front). Count me in on every M.S.M.S. convention from here on."

* * *

"Clinical Medicine and Surgery," through its publisher—the Associated Trade Press, 9 S. Kedzie Avenue, Chicago—states that it will honor all orders for subscriptions secured in Grand Rapids by its former agent, Mr. S. E. Stone. Any physician who has cause for complaint in connection with subscription to "Clinical Medicine and Surgery", made in Grand Rapids in September, is invited to communicate with the Michigan State Medical Society's Executive Office, 2020 Olds Tower, Lansing.

* * *

The Coca-Cola Company distributed 1,448 bottles of Coca-Cola at the recent convention of the Michigan State Medical Society.

* * *

Dr. Grover C. Penberthy served as chairman of the Third General Assembly on Wednesday, September 29 at 9:30 a. m.

* * *

Dr. Angus McLean, Detroit, acted with Dr. Andrew P. Biddle as co-chairman of the Second General Assembly at the Grand Rapids Convention, Tuesday, September 28 at 8:00 p.m.

* * *

Auditor General Gundry was represented at the Secretaries Conference by Messrs. Geo. A. Corrigan and Eugene O. Edmunson. The Crippled Children Commission was represented by Commissioner H. B. Fenech, M.D., and by Mr. Harry H. Howett, Executive Secretary.

* * *

Dr. George P. Reynolds of Boston, one of the guest speakers on the program of the M.S.M.S. at the Grand Rapids meeting, writes: "I was very much impressed by your meeting, the percentage of attendance, and particularly the really impressive audience that listened to the papers on the last afternoon of a three-day meeting."

From the very first lecture in the Civic Auditorium on Tuesday until the last speaker finished at 5:00 p.m. on Thursday, row upon row in the auditorium was filled with eager listeners. It was a great three-day postgraduate opportunity, and hundreds of Michigan physicians took good advantage of it.

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AMONG OUR CONTRIBUTORS

Dr. W. C. Behen was graduated from the University of Pennsylvania School of Medicine in 1917, and took postgraduate work at the University of Vienna in 1919 and postgraduate work in eye, ear, nose and throat at the University of Pennsylvania School of Medicine from 1921 to 1923. Dr. Behen is a member of the American Academy of Ophthalmology and Otolaryngology and is on the staff of the eye, ear, nose and throat department of the Sparrow Hospital, Lansing.

* * *

Richard C. Connelly, B.S., M.D., was graduated from St. Louis University School of Medicine in 1924. He attended the Graduate School of Medicine, University of Pennsylvania, in 1935. He served as intern at St. John's Hospital, St. Louis, Missouri, Detroit Receiving, and Herman Kiefer Hospitals. He is an instructor in clinical medicine at Wayne University School of Medicine, member of the staff of the Out-Patient Department of Harper Hospital in the gastro-intestinal clinic, and consultant in gastroenterology, Herman Kiefer Hospital.

* * *

Dr. L. E. Himler was graduated from the University of Michigan Medical School in 1931. He was instructor in neurology at the University Hospital from 1933 to 1935 and is at present assistant psychiatrist at the University of Michigan.

* * *

Dr. Elliott P. Joslin was graduated from Yale University in 1890 and from Harvard Medical School in 1895. He is Clinical Professor Emeritus of Medicine of the Harvard Medical School, and is Medical Director of the George F. Baker Clinic of the New England Deaconess Hospital, Boston.

* * *

Dr. W. H. MacCraken was graduated from the University of Louisville School of Medicine in 1903. He came to Detroit in 1919 as Professor of Pharmacology and Therapeutics in the Detroit College of Medicine and Surgery, now the Wayne University College of Medicine, which position he still holds. Dr. MacCraken is also Dean Emeritus of the Wayne University College of Medicine.

* * *

Dr. C. S. O'Brien was graduated M.D. from Indiana University in 1913. He is professor and head of the Department of Ophthalmology, University of Iowa, and his practice is limited to ophthalmology.

* * *

Dr. W. H. Riley was graduated from the Medical Department of the University of Michigan in 1886, and has since taken postgraduate work in this country and Europe. From 1896 to 1902, he was professor of mental and nervous disease in the

University of Colorado and he has been chief of the department of Neuropsychiatry in the Battle Creek Sanitarium for the last thirty-five years.

He is a fellow of the following societies: American College of Physicians, American Psychiatric Association, American Medical Association, Society for Research in Mental and Nervous Disease, New York, The Central Neuropsychiatric Association, the Detroit Society of Neurology and Psychiatry.

* * *

Dr. Sarah S. Schooten was graduated from the Wayne University College of Science in 1924 and College of Medicine in 1926. Her internship was spent at Providence Hospital, Detroit, where she was also resident in the Department of Pediatrics from 1926 to 1928. She was associate in the Department of Epidemiology in the Detroit Department of Health from 1930 to 1933. She has been physician to the Convalescent Serum Clinic since 1932. Her practice is limited to pediatrics.

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THE DOCTOR'S LIBRARY

Acknowledgment of all books received will be made in this column and this will be deemed by us a full compensation to those sending them. A selection will be made for review, as expedient.

A DIABETIC MANUAL. For the Mutual Use of Doctor and Patient. By Elliott P. Joslin, M.D., Clinical Professor of Medicine, Harvard Medical School; Medical Director George F. Baker Clinic at the New England Deaconess Hospital; Consulting Physician, Boston City Hospital, Boston, Massachusetts. Sixth edition, thoroughly revised, illustrated. Lea & Febiger, Philadelphia, 1937.

A PRACTICAL TREATISE ON DISEASES OF THE SKIN. For the use of Students and Practitioners. By Oliver S. Ormsby, M.D., Clinical Professor of the Department of Dermatology, Rush Medical College; Dermatologist to the Presbyterian and St. Anthony's Hospitals, and the Home for Destitute Crippled Children; Consulting Dermatologist to Orphan Asylum of the City of Chicago. With revisions of the Histopathology and Mycology by Clark Wylie Finnerud, B.S., M.D., Assistant Clinical Professor of Dermatology, Rush Medical College. Fifth edition, thoroughly revised, illustrated with 658 engravings and 3 colored plates. Lea & Febiger, Philadelphia, 1937.

CRIPPLED CHILDREN. Their Treatment and Orthopedic Nursing. By Earl D. McBride, B.S., M.D., F.A.C.S., Assistant Professor of Orthopedic Surgery, University of Oklahoma, School of Medicine; Attending Orthopedic Surgeon to St. Anthony Hospital; Associate Orthopedic Surgeon to Oklahoma City General and Wesley Hospitals, in collaboration with Winifred R. Sink, A.B., R.N., Educational Director, Grace Hospital School of Nursing, Detroit. Second edition, St. Louis, The C. V. Mosby Company, 1937. Price—\$3.50.

METHODS OF TREATMENT. By Logan Glendening, M.D., Clinical Professor of Medicine, Medical Department of the University of Kansas; Attending Physician, University of Kansas Hospitals; Consulting Physician, Kansas City General Hospital; Physician to St. Luke's Hospital, Kansas City, Missouri. With Chapters on Special subjects by H. C. Andersson, M.D.; Ursula Brunner, R.N.; J. B. Cowherd, M.D.; Paul Gempel, M.D.; H. P. Kuhn, M.D.; Carl O. Rickter, M.G.; F. C. Neff, M.D.; E. H. Skinner, M.D.; E. R. DeWeese, M.D., and O. R. Withers, M.D. Sixth edition. St. Louis, The C. V. Mosby Company, 1937. Price, \$10.00.

THE MANAGEMENT OF FRACTURES, DISLOCATIONS AND SPRAINS. By John Albert Key, B.S., M.D., Clinical Professor of Orthopedic Surgery, Washington University School of Medicine; Associate Surgeon, Barnes Children's, and Jewish Hospitals, and H. Earle Conwell, M.D., F.A.C.S., Consulting Orthopedic Surgeon to the Tennessee Coal, Iron & Railroad Company and the Orthopedic and Traumatic Services of Employees' Hospital. Second edition, St. Louis, The C. V. Mosby Company, 1937. Price, \$12.50.

NEUROLOGY. By Roy R. Grinker, M.D., chairman of the Department of Neuropsychiatry of the Michael Reese Hospital, Chicago. Formerly Associate Professor of Neurology and Psychiatry, The University of Chicago. Second edition. Springfield, Illinois and Baltimore, Maryland; The Charles C. Thomas Publishers. 1937. Price, \$8.50.

CLINICAL HEART DISEASE. By Samuel A. Levine, M.D., F.A.C.P., Assistant Professor of Medicine, Harvard Medical School; Senior Associate in Medicine, Peter Bent Brigham Hospital, Boston; Consultant Cardiologist, Newton Hospital; Physician, New England Baptist Hospital, Boston. 445 pages with 97 illustrations. Philadelphia and London: W. B. Saunders Company, 1936. Cloth, \$5.50 net.

SYNOPSIS OF GENITO-URINARY DISEASES. By Austin I. Dodson, M.D. F.A.C.S., Richmond, Virginia, Professor of Genito-urinary Surgery, Medical College of Virginia; Genito-urinary Surgeon to the Hospital Division, Medical College of Virginia; Genito-urinary Surgeon to Crippled Children's Hospital; Urologist to St. Elizabeth's Hospital; Urologist to St. Luke's Hospital and McGuire Clinic. Second edition, with 112 illustrations. St. Louis: The C. V. Mosby Company, 1937. Price, \$3.00.

THE THINKING BODY, A STUDY OF THE BALANCING FORCES OF DYNAMIC MAN. By Mabel Elsworth Todd, New York, N. Y., foreword by E. G. Brackett, M.D., Boston, Mass. 91 illustrations, 314 pp. Paul B. Hoeber, Inc., New York, 1937, \$4.00.

The author of this work, impressed with the integrative and correlative character of the neuromuscular mechanism of the body, has attempted to explain the method by which the body adapts itself to posture and motion. It is not a highly technical work, and most of the references are to such standard sources as Starling's Physiology and Piersol's Anatomy. Chatty, exuberant, involved at times, and repetitive, the book points out marvelous body mechanisms. Often exercises and advice are suggested.

According to the preface, "The ideas expressed in this book have been derived from more than thirty year's experience in teaching bodily economy, and the work is an elaboration of a classroom syllabus prepared in 1929."

CLINICAL PSYCHIATRY—PRINCIPLES AND PRACTICE. By Morris Braude, M.D. P. Blakiston's Son & Co., Inc.

A book, well bound, of convenient size for study and a contribution to a subject which is assuming greater importance each day. At first, one is awed by the command of language of the author, but the awe soon gives way to admiration and one recognizes that the book has literary as well as scientific value. The author recognizes the psycho-analytic approach to the problems while at the same time feels that the last word has not been said. The book is commended to students of the subject and is well worth slow and careful perusal.

CULLED BY THE SCISSORS

* * *

"Horace is going to teach me to play cards, so that I'll know all about it after we are married," gushed the sweet young thing.

"Isn't that fine and thoughtful of him!" exclaimed her mother.

"What game is he going to teach you?"

"I think he called it Solitaire."

* * *

Revenge—it was late when the hostess at the reception requested the famous basso to sing.

"It is too late, madam," he protested. "I should disturb your neighbors."

"Not at all," declared the hostess. "Besides, they poisoned our dog last week."—*Vancouver Sun.*

* * *

Through the kindness of Don McIntyre, who got it from *The Fidelity Herald*, Benton Harbor, we submit the following gem on germs: (We got it from the *Jackson County Medical Bulletin*.)

Dangerous Dan McCrobe

A bunch of germs were hitting it up

In the bronchial saloon;

Two bugs on the edge of the larynx

Were jazzing a rag-time tune.

Back in the teeth, in a solo game,

Sat dangerous Ask-Kerchoo;

And watching his pulse was his light of love—

The lady that's known as Flu.

* * *

Force of Habit—Flossie: "You'll never catch me going out to dinner with an editor again."

Roberts: "Was he broke?"

Flossie: "I don't know whether he was broke or not, but he put a blue pencil through about half of my order."—*Niagara Falls Review.*

JOUR. M.S.M.S.

Intensive Case Finding Work in Tuberculosis

HENRY F. VAUGHAN and BRUCE H. DOUGLAS, Detroit (*Journal A. M. A.*, Sept. 4, 1937), point out that, briefly stated, the task in tuberculosis control is, first, to find the minimal case and, second, to isolate the infectious case, preferably in a hospital or sanatorium, unless this can be done under suitable home conditions. To do this involves the more effective utilization of facilities which usually are available or can readily be made available in every community. Money may be lacking; however, with state and federal assistance, this handicap can be overcome. As a matter of fact, from the point of view of economics, it must be overcome. No one may be interested in saving human lives, in reducing the death rate from tuberculosis, in expanding the life span or even in bettering the happiness of our fellow beings, but every one is interested in saving tax money. Spending \$200,000 to save a million dollars annually is impressive. It was on that basis that Detroit so effectively sold its tuberculosis case-finding program that not one word of objection was offered from any source. Following the special newspaper stories and radio dramas, in December 1936 the city council authorized the department of health to add approximately \$200,000 per annum to its annual budget to be used exclusively for tuberculosis case finding work. By February 1, public health nurses began a house-to-house canvass in areas of high mortality. Even before the start of the field work, as a result of the newspaper and radio publicity, 2,000 tuberculin tests had been recorded by the cooperating physicians. Since February 1 (and prior to May 21) there had been recorded with the health department 33,367 tuberculin tests, of which 7,472, or 22 per cent, were positive. Of this group 5,122, or 69 per cent, had completed the x-ray study and in the latter group

there had been discovered 242 new active cases of tuberculosis. This means that about 0.75 per cent of the persons examined (at all ages) was found to have active tuberculosis. Of particular significance is the fact that 43 per cent of these new cases of tuberculosis have been classified as minimal. While there are other important groups, such as school children of a selected age or grade, employees in industrial plants, food handlers, prenatal cases, diabetic patients and those who are recovering from acute infections, it was deemed advisable to undertake the case-finding work first in those groups in which the largest number of suspects and cases would be likely to be found. Within two months after the inauguration of the intensive educational work by the public health nurses in the visited group of families in the area of high mortality, 30 per cent of the Negroes (including all ages) had gone to their physician and reports had come through to the health department on the results of the tuberculin tests. Proportionately, only one-third as many white persons had responded; that is, 10 per cent of the members of the families visited. It is believed that these results obtained in the brief period of two months show a most encouraging response.

Sandy joined a golf club and was told by the professional that if his name was on his golf balls and they were lost, they would be returned to him when found.

Sandy—Good, put my name on this ball.

The professional did so.

Sandy—Would you also put M.D. after it? I'm a doctor.

The professional obeyed.

Sandy—There's just one thing more. Can you squeeze "Hours 10 to 3" on as well?

How to choose your food for maximum health qualities

The major portion of the book is concerned with setting down, in simple, unequivocal statements, the most up-to-date and generally recognized truths of what is now known about diet. It shows how to select foods so as to avoid deficiencies in the diet and to obtain from them the maximum qualities for health and for growth that various food substances are able to provide.

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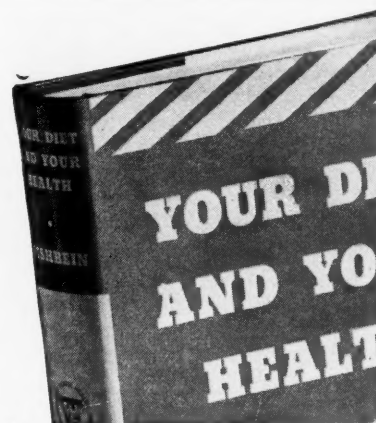
The book gives full discussions of the proportions of protein, carbohydrate, fat recommended; the value and use of minerals; the real importance of the much-touted vitamins; the merits of the various weight-reduction diets, and many other topics. There are also special sections on suggested diets; food "sensitivities"; and in general much good common sense on a subject which has been peculiarly obscured by fads.

A number of tables giving food values, calorie content of various foods, vitamin sources, minimum diets, food values of alcoholic beverages, etc., have been included.

Dr. Fishbein says:

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Digestion	Food Sensitivities
Debunking Diets	Diets in Disease
Peculiar Schools of Dieting	Conditions
Protein	Milk and Milk Products
Carbohydrates	Bread
Fats	Wheat
Water	Fish
Mineral Salts	Vegetables
The Vitamins	Fruits
Facts About Food	Miscellaneous Foods
	Conclusion

COUNTY SOCIETIES

BRANCHES OF THE MICHIGAN STATE MEDICAL SOCIETY

COUNTY SOCIETY	PRESIDENT	SECRETARY	MEETINGS	
			Regular	Annual
Allegan	G. H. RIGTERINK Hamilton	M. B. BECKETT Allegan	1st Tuesday	1st Tuesday December
Alpena-Alcona- Presque Isle.....	DR. C. A. CARPENTER Onaway	HAROLD KESSLER Alpena	Last Thursday 6:00 p. m.	Last Thursday December
Barry	H. S. WEDEL Freeport	G. F. FISHER Hastings	2nd Thursday 8:00 p. m.	1st Thursday January
Bay-Arenac-Iosco- Gladwin	DR. A. D. ALLEN Bay City	A. L. ZILIAK Bay City	2nd and 4th Wednesday (ex- cept July, Aug., Sept.) 6:00 p. m.	2nd Wednesday December
Berrien	C. S. EMERY St. Joseph	A. F. BLIESMER St. Joseph	2nd Wednesday or Thursday	2nd Wednesday or Thursday, December
Branch	BERT W. CULVER Coldwater	F. S. LEEDER Coldwater	3rd Thursday 6:30 p.m.	3rd Thursday December
Calhoun	C. W. BRAINARD Battle Creek	WILFRID HAUGHEY Battle Creek	1st Tuesday (except July and Aug.)	1st Tuesday December
Cass	S. E. BRYANT Dowagiac	K. C. PIERCE Dowagiac	2nd Wednesday or Thursday	December 15
Chippewa- Mackinac	F. J. MOLONEY Sault Ste. Marie	GEO. A. CONRAD Sault Ste. Marie	1st Friday	1st Friday December
Clinton	A. C. HENTHORN St. Johns	T. Y. HO St. Johns	1st Tuesday 7:30 p. m.	1st Tuesday October
Delta	H. Q. GROOS Escanaba	G. W. BENSON Escanaba	1st Thursday 8:30 p.m.	December 2
Dickinson-Iron	D. R. SMITH Iron Mountain	W. H. HURON Iron Mountain	1st Thursday 6:30 p. m.	1st Thursday December
Eaton	H. A. MOYER Charlotte	THOMAS WILENSKY Eaton Rapids	Last Thursday	No set date
Genesee	ALVIN N. THOMPSON Flint	C. W. COLWELL Flint	2nd and 4th Tuesday (except July and August)	2nd Tuesday November
Gogebic	C. C. URQUHART Ironwood	F. L. S. REYNOLDS Ironwood	3rd Tuesday	3rd Tuesday December
Grand Traverse- Leelanau-Benzie ..	DWIGHT GOODRICH Traverse City	E. F. SLADEK Traverse City	1st Tuesday 8:00 p. m.	1st Tuesday December
Gratiot-Isabella- Clare	KENNETH P. WOLFE Breckenridge	RICHARD L. WAGGONER St. Louis	3rd Thursday	3rd Thursday December
Hillsdale	W. E. ALLEGER Pittsford	E. G. McGAVRAN Hillsdale	Last Thursday	Last Thursday December
Houghton-Baraga- Keweenaw	L. E. COFFIN Painesdale	C. A. COOPER Hancock	1st Tuesday	1st Tuesday January
Huron-Sanilac	F. O. KIRKER Sandusky	E. W. BLANCHARD Deckerville	2nd Thursday	2nd Thursday December
Ingham	MILTON SHAW Lansing	R. J. HIMMELBERGER Lansing	3rd Tuesday 6:30 p. m.	3rd Tuesday December
Ionia-Montcalm	L. E. KELSEY Lakeview	JOHN J. McCANN Ionia	2nd Tuesday 7:00 p. m.	2nd Tuesday December
Jackson	E. D. CROWLEY Jackson	H. W. PORTER Jackson	3rd Tuesday 6:30 p. m.	3rd Tuesday December
Kalamazoo- Van Buren	W. G. HOEBEKE Kalamazoo	L. W. GERSTNER Kalamazoo	3rd Tuesday 7:30 p. m.	3rd Tuesday December
Kent	A. B. SMITH Grand Rapids	J. M. WHALEN Grand Rapids	2nd and 4th Wednesday 8:15 p. m.	2nd Wednesday December
Lapeer	H. M. BEST Lapeer	CLARK DORLAND Lapeer	2nd Thursday	December or January
Lenawee	A. W. CHASE Adrian	ESLI T. MORDEN Adrian	3rd Tuesday	3rd Tuesday December
Livingston	H. L. SIGLER Howell	DUNCAN C. STEPHENS Howell	1st Friday 6:30 p. m.	1st Friday December
Luce	GEO. F. SWANSON Newberry	A. T. REHN Newberry	1st Tuesday 8:00 p. m.	1st Tuesday December
Macomb	JOSEPH N. SCHER Mt. Clemens	R. F. SALOT Mt. Clemens	1st Monday 12:00 noon	1st Monday December
Manistee	KATHRYN BRYAN Manistee	C. L. GRANT Manistee	Every Monday noon	3rd Thursday January
Marquette-Alger	E. R. ELZINGA Marquette	D. P. HORNBOKEN Marquette	No set date	December
Mason	W. S. MARTIN Ludington	CHAS. A. PAUKSTIS Ludington	No set time	No set time
Mecosta-Osceola	THOMAS P. TREYNOR Big Rapids	GLENN GRIEVE Big Rapids	2nd Tuesday	2nd Tuesday December

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